## **SDMS US EPA Region V**

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11121

MAPLE PLAZA CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE. IL. 60515
TEL. (630) 852 - 7670
MANAGER - SUNG KANG
PAGER (630) 695 - 8720

OCTOBER - 25 - 2001

JOE DOMBROWSKI

REMEDIAL PROJECT MANAGERMENT SECTION

BUREAU OF LAND

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 N. GRAND AVE. EAST BOX 19267

SPRINGFIELD: IL. 62794 -9276

DEAR SIR OR MADAM

PLEASE FIND ENCLOSED ALL DOCUMENTS WHICH WE TRIED TO PROVIDE BEST AS WE CAN-

PLEASE BE AWARE THAT WE HAD TWO INSPECTIONS AT THE SITE.(2265 MAPLE AVE. DOWNERS GROVE
OLD ADDRESS 21W 265 MAPLE AVE. 7 LISLE TWP)

FIRST SITE INSPECTION ON JULY - 17 - 1998

THEY DRILLED INSIDE AND OUT SIDE (NEAR REAR DOOR)
THEY FOUND NO EVDENCE OF CONTAMINATION UNDER GROUND

SECOND INSPECTION BY "DRY CLEANER ENVIRONMENTAL RESPONSE TRUST FUND OF ILLINIOS".

WE PASSED THIS INSPECTION AND ALL IT'S REQUIREMENTS.

WE RECEIVED CONFIRMATION NOTE DATED ON AUGUST -1-2001.

SO WE CAN CONTINUE TO HAVE DUR INSURANCE.

WE ARE VERY CONCERN.

WE WILL CONTINOUSLY PARTICIPATE IN ALL PROGRAMS FOR GOOD OF PUBLIC HEALTH AND KEEP THE EARTH CLEAN.

IF YOU HAVE MORE INFORMATION PLEASE CALL ME AT ANY TIME.

THANK YOU

MANAGER SUNG KANG

Muny m. Kang

RECEIVED

CCT 3 E 2001

IEP -OI





2901 Butterfield Road, Oak Brook, IL 60523 630-218-5262 FAX: 630-218-5270

Toll-Free: 877-206-5656 www.inlandrealestate.com ATTACHMENT #3

October 19, 2001

Sung Kang d/b/a/ Maple Cleaners 2265 West Maple Ave. Downers Grove, IL 60515

Re: Request for information to provide to the Illinois Environmental Protection Agency

Dear Mr. Kang,

This letter comes in response to your fax dated October 16, 2001 requesting information on Maple Plaza for the purposes of providing documentation for the Illinois Environmental Protection Agency. Please find below the answers to the best of our knowledge for Attachment C, 7a-g:

7.a) The legal description for th

The legal description for the Facility is as follows:

LOTS 2, 3, 17, 18 AND 19 IN BELMONT PARK, BEING A SUBDIVISION OF PART OF SECTION 13,

TOWNSHIP 38 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCOURDING TO

THE PLAT THEREOF RECORDED APRIL 22, 1922 AS DOCUMENT 155367, IN DU PAGE COUNTY,

ILLINOIS.

- b) All utility lines run along the backside or to the South of the shopping center as indicated on the enclosed Land Title Survey which shows the utility easement in that location.
- c) The Facility consists of a single one-story shopping center of approximately 31,314 square feet as indicated on the Land Title Survey.
- There are no ground water wells and no drilling logs were ever required.
- e) The storm water drainage system runs underground throughout the property referenced in 7a and is connected to the Downers Grove Sanitary District storm sewer system. Separately, the sanitary sewer system runs underground beneath the Facility and is connected to the Downers Grove Sanitary District sanitary sewer system. There are no septic tank(s) or subsurface disposal field(s) on the property. Nor, are there any other types of underground structures.
- f) There have been no additions, demolitions, or changes to the Facility and no plans for any. However, from time to time, there are interior changes to the individual suites within the shopping center in order to accommodate the uses of individual tenants.
- g) Please find the enclosed Land Title Survey.

Should you need additional information, please do not hesitate to contact me at (630) 218-5262 or via email at barker@inlandrealestate.com.

Sincerely,

INLAND COMMERCIAL PROPERTY MANAGEMENT, INC.

JAB/li

**Enclosure** 

Jill A. Barker Property Manager



### ATTACHMENT C

### Information Requests

- 1. Identify all persons consulted in the preparation of the answers to these Information Requests. 455 AFRAL # 1
- 2. Identify all documents consulted, examined, or referred to in the preparation of the answers to these Requests, and provide copies of all such documents.
- 3. If you have reason to believe that there may be persons able to provide a more detailed or complete response to any Information Request or who may be able to provide additional responsive documents, identify such persons. Sung KANGT PH (630) 852-7670

  PAGER (630) 695-8720
- 4. Identify all persons having knowledge or information about the generation, transportation, treatment, disposal, or other handling of hazardous substances at the Facility by you, your contractors, or by prior owners and/operators.
- 5. Describe the nature of your activities or business at the Facility, with respect to purchasing, receiving, processing, storing, treating, disposing or otherwise handling hazardous substances or materials at the Site.
- 6. State the dates during which you owned, operated, or leased the Facility, and provide copies of all documents evidencing or relating to initiation of such ownership, operation, or lease arrangements (e.g., deeds, leases, etc.).
- 7. Provide information about the physical conditions at the Facility, including but not limited to the following: ATACH. # 3
  - a) Property boundaries, including a written legal description;
  - b) Location of underground utilities (telephone, electrical, sewer, water main, etc.);
  - c) Surface structures (e.g., buildings, tanks, etc.);
  - d) Ground water wells, including drilling logs;
  - e) Storm water drainage system, and sanitary sewer system, past and present, including septic tank(s), subsurface disposal field(s), and other underground structures; and where, when and how such systems are emptied;
  - f) Any and all additions, demolitions, or changes of any kind on, under, or about the Facility, to its physical structures, or to the property itself (e.g., excavation work); and any planned additions, demolitions, or other changes to the Facility; and
  - g) All maps and drawings of the Facility in your possession.
- 8. Identify all past and present solid waste management units (e.g., waste piles, landfills, surface impoundments, waste lagoons, waste ponds or pits, tanks, container storage areas, etc.) at the Facility. For each such solid waste management unit identified, provide the following information:

007 3 g 2001

- a) A map showing the unit's boundaries and the location of all known solid waste units whether currently in operation or not. This map should be drawn to scale, if possible, and clearly indicate the location and size of all past and present units;
- b) The type of unit (e.g., storage area, landfill, waste pile, etc.), and the dimensions of the unit;
- c) The dates that the unit was in use;
- d) The purpose and past usage (e.g., storage, spill containment, etc.);
- e) The quantity and types of materials (hazardous substances and any other chemicals) located in each unit;
- f) Pollutants, or contaminants, and damages resulting therefrom.
- g) The construction (materials, composition), volume, size, dates of cleaning, and condition of each unit.
- h) If unit is no longer in use, how was such unit closed and what actions were taken to prevent or address potential or actual releases of waste constituents from the unit.
- 9. Identify the prior owners of the Facility. For each prior owner, further identify: ATIKH #1
  - a) The dates of ownership;
  - b) All evidence showing that they controlled access to the Facility; and
  - c) All evidence that a hazardous substance, pollutant, or contaminant, was released or threatened to be released at the Facility during the period that they owned the Facility.
- 10. Identify the prior operators, including lessors, of the Facility. For each such operator, further identify: ATTACH \$1 PAGE 15, PAGE 17
  - a) The dates of operation;
  - b) The nature of prior operations at the Facility;
  - c) All evidence that they controlled access to the Facility; and
  - d) All evidence that a hazardous substance, pollutant, or contaminant, was released or threatened to be released at or from the Facility and /or its solid waste units during the period that they were operating the Facility.
- 11. Provide copies of all local, state, and federal environmental permits ever granted for the Facility or any part thereof (e.g., RCRA permits, NPDES permits, etc.).

### PAGE 1, 2, 3, 4, 19 AND 20

- 12. Provide all reports, information, or data related to soil, water (ground and surface), or air quality and geology/hydrogeology at and about the Facility. Provide copies of all documents containing such data and information, including both past and current aerial photographs as well as documents containing analysis or interpretation of such data.

  7468 13.14 AND 15
- 13. After the time You acquired the Facility, is there evidence or reason to know that any hazardous substance, contaminants, pollutants or oil was disposed of on, at or adjacent to the Facility? Describe the basis of this knowledge. Describe all investigation of the Facility you undertook prior to acquiring the Facility and all of the facts on which you based the answer to this question.

NO RECORDS OF SPILLS OR RELEASES OF ANY HAZARDOUS MATERIALS.

- 14. Describe all leaks, spills or releases or threats of releases of any kind into the environment of any hazardous materials that have occurred or may occur at or from the Facility, including but not limited to:
  - a) When such releases occurred or may occur; No
  - b) How the release occurred or may occur; Jo
  - c) What hazardous materials were released or may be released; No
  - d) What amount of each such hazardous material was so released; A o
  - e) Where such releases occurred or may occur; No
  - f) Any and all activities undertaken in response to each such release or threatened release; No
  - g) Any and an investigations of the circumstances, nature, extent or location of each such release or threatened release, including the results of any soil, water (ground and surface), or air testing that was undertaken; and in its including the results of any soil, water (ground and surface), or air testing that was undertaken; and in its including the results of any soil, water (ground and surface), or air testing that was undertaken; and in its including the results of any soil, water (ground and surface), or air testing that was undertaken; and in its including the results of any soil, water (ground and surface), or air testing that was undertaken; and its including the results of any soil, water (ground and surface), or air testing that was undertaken; and its including the results of any soil, water (ground and surface), or air testing that was undertaken; and its including the results of any soil, water (ground and surface), or air testing that was undertaken; and its including the results of any soil and the results of any soil are the result
  - h) All persons with information relating to subparts a through g of this question. SE ATTACH # 1
- 15. If the answer to question 14 is anything but an unqualified "no," and if any releases or threatened release identified in response to question 14 above occurred into any subsurface disposal system or floor drain inside or under your building or buildings at the Facility, identify;
  - a) Where the disposal system or floor drains were located;
  - b) When the disposal system or floor drains were installed;
  - c) Whether the disposal system or floor drains were connected to pipes;
  - d) Where such pipes were located and emptied;
  - d) When such pipes were installed;
  - e) How and when such pipes were replaced, or repaired; and
  - f) Whether such pipes ever leaked or in any way released hazardous materials into the environment.
- 16. Did any leaks, spills, or releases of hazardous materials occur at the Facility when such materials were being:
  - a) Delivered by vendor; No
  - b) Stored (e.g., in any tanks, arums, or barrels); No
  - c) Transported or transferred (e.g., to or from any tanks, drums, barrels, or recovery units); or 10-1
  - d) Treated. No
- 17. If the answer to the preceding question is anything other than an unqualified "no", provide all documents relating to any such leaks, spills or releases.
- 18. Has soil ever been excavated or removed from the Facility?
  - a) Amount of soil excavated:
  - b) Location of excavation;
  - c) Manner and place of disposal and/or storage of excavated soil;
  - d) Dates of soil excavation;
  - e) Identity of persons who excavated or removed the soil;
  - f) Reason for soil excavation;

- g) Whether the excavation or removed soil contained hazardous materials and why the soil contained such materials;
- h) All analyses or tests and results of analyses of the soil that was removed from the Facility;
- i) All persons, including contractors, with information about (a) through (h) of this request;
- j) All reports, summaries or other documentation describing the excavation.
- 19. Provide records from 1972 through the present showing how much chlorinated solvent/cleaner or other chlorinated materials were purchased for the Facility. Provide records from 1972 through the present, which show how much chlorinated solvent/cleaner or other chlorinated materials were sent from the Facility to be recycled or disposed. Provide the manifests showing such recycling or disposal. PAGE 16 pur page 17
- 20. Provide all records regarding the disposal of solid waste from the Facility from 1972 to present. PAGE 12 AND PAGE 23

#### ATTACHMENT D

### 2 Ill. Adm. Code 1828.401

Section 1828.401 Claims By Submitters That Public Records Are Exempt From Disclosure.

- a) A claim that a public record is exempt from public disclosure pursuant to Section 1828.202 must be made at the time of submittal of the public record.
- b) A claim that a public record is exempt from public disclosure must include:
  - 1) A claim letter, stating that the public record is exempt from public disclosure pursuant to Section 1828.202, identifying all exemptions that apply, and briefly describing the public record;
  - 2) A justification for the claim, including:
    - A) If the public record is a subsequent version of a public record previously granted exempt status by the Agency, a certified statement indicating:
      - i) The date of submission of the previous public record; and
      - ii) That the previous justification remains applicable to the current submission; or
    - B) If the submittal is not a subsequent version of a public record previously granted exempt status by the Agency, the following information:
      - i) Measures taken by the submitter to prevent disclosure of the public record:
      - ii) The rights of privacy, if any, that might be invaded by disclosure of the public record;
      - iii) The competitive value, if any, of the public record to the submitter; and
      - iv) Any other information that will support the claim for exemption from disclosure:
  - A copy of the public record, marked in accordance with the requirements of subsection (c) of this Section; and
  - 4) If the submitter is currently a party in a proceeding before the Board or a court in which the information is relevant to the issues, the title of the proceeding, docket number, and, if applicable, identification of the court.
- c) The submitter must mark a public record or portions thereof claimed exempt from disclosure as follows:

- Where the public record is claimed to be exempt from disclosure in its entirety, mark the public record with the words "Public Record Claimed Exempt" in red ink on the face or front of the public record. If submitted in electronic format, the public record must be clearly marked in bold at the top or front of the public record with the words "Public Record Claimed Exempt"; or
- 2) Where less than the entire public record is claimed to be exempt from disclosure:
  - A) Mark the public record with the words "Public Record Claimed Exempt In Part" in red ink on the face or front of the public record. If submitted in electronic format, the public record must be clearly marked in bold at the top or front of the public record with the words "Public Record Claimed Exempt In Part";
  - B) Indicate on the face or beginning of the public record which portion of the public record is claimed to be exempt from disclosure;
  - C) Mark every portion of the public record which is claimed to be exempt from disclosure with the words "Public Record Claimed Exempt"; and
  - D) Furnish the Agency with a second copy of the public record that is marked in accordance with (A) and (B) of this subsection and from which the portion of the public record that is claimed to be exempt from disclosure is deleted.



#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION S **RCRA ACTIVITIES** P.O. BOX A3587 CHICAGO, ILLINOIS 80880

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number admowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon RCRA Notifications Coordinator

Waste Management Division

RECHIVED.

criar 2001

Please refer to the Instructions yor Filing Natification before completing this form. The information requested here required by law (Section 3010 of the Resource Conservation and Recovery Act).

SEPA

# Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency i. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number A. First Notification **B.** Subsequent Notification (complete item C) II. Name of installation (include company and specific site name) III. Location of Installation (Physical address not P.Q. Box or Route Number) Street Street (continued) State ZIP Code City or Town County Code County Name IV. Installation Mailing Address (See Instructions) Street or P.O. Box State ZP Code City or Town V. Installation Contact (Person to be contacted regarding waste activities at site) ifirst) Name (last) 141A Job Thie Phone Number (area code and number) VI. Installation Contact Address (See Instructions) A. Comact Address | B. Street or P.O. Box Mailing Location ZIP Code City or Town State VII. Ownership (See instructions) A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number City or Town ZIP Code State 411 (Date Changed) Year D. Change of Owner B. Land Type C. Owner Type Day Month Phone Number (area code and number) Indicator No X



## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276

Maru A. Gade, Director

## INITIAL MANIFEST ORDER FORM FOR 20 FEE-EXEMPT MANIFESTS

This form entitles you, the generator to 20 fee-exempt manifests. Only this original form will be accepted for this original fee-exempt order. NO PHOTOCOPIES. LOST FORMS WILL NOT BE REPLACED. Complete the information requested below completely and accurately. The next 500 manifests you, the generator, order will be \$1.00 each. A separate order form will be provided and payment must accompany each future order. NO PHONE ORDERS WILL BE ACCEPTED.

GENERATOR N	AME	
IL GENERATO	R NUMBER $\subseteq  eq 3$	<u>C3C5259</u>
GENERATOR L	OCATION	
CITY, STATE	, ZIP	
CONTACT		PHONE/
Indicate qu	antity and type of	manifest:
	Manifest(s)	(Circle One) Pin-Fed Snap-Top
should be used generator's loc	on all future orde ation. If there a	aber is at the top of this form. This number or forms, and on all manifests from this are any questions about this number, or if yo contact the Agency. The correct number must
"MANIFEST R ILLINOIS E P.O. BOX 1	EQUEST ENCLOSED* PA LPC 24	NCLOSED PREPRINTED LABEL AND RETURN TO:
		N THE ENCLOSED LABEL, THE NAME AND ADDRESS STS SHOULD BE SENT.
TO:		
ATTN:	· · · · · · · · · · · · · · · · · · ·	
ADDRESS:	···	(NO P.O. BOXES)
		•
HERET DE	NIEST ENCLOSE	D*

\*MANIFEST REQUEST ENCLOSE
Illinois Environmental Protection Agency
Division of Land Pollution Control #24
1001 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276

stion under Illinois Revised
Section 22.8. Disclosure
to may result in a civil
penalty up to \$1,000.00 for
00.00 and imprisonment up to
ms Management Center.

Send Manifests to (P.O. Box Not Acceptable):

IE

REC VED

### AUTHORIZATION STATEMENT

I authorize this request for assignment of an Illinois generator number. This company has not previously shipped waste from this location under the Illinois Manifest System. If my waste is a RCRA hazardous waste, I certify this company has or has applied for a USEPA generator ID Number.

Signature of Generator	:	-2/0-	/ .и		
		/	(Owner or Ope	rator)	
Date:			<u> </u>		
Illinois Uniform Hazar shipments coming into not providing their ow	Illino	is, within			
Indicate the quantity	and ty	pe of manif	est(s) needed:	(Carrier Constitution of the Carrier Constitution of the C	
Nonhazardou	s ····		(circle one)	Pin-Fed	Snap-Top
Hazardous			(circle one)	Pin-Fed	Snap-Top
Signature of Person Mal	king R	equest (if	different than	generator	<b>&gt;</b> :
	·				
Company Name:			·		
		_			
Telephone:	••	Da	ite:		
Return this form to:			mental Protect		
		ion of Land t Section	Pollution Con	trol (#24)	
		Churchill Ro Office Box			
			inois 62794–9	276	
Generator shipping add	ress:	(Post Offic	ce Box Not Acc	eptable)	No.
	TO:	-	······································		
		ATTN:			

CA:rmi/4432n/1-2

# INVE

## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY INVENTORY IDENTIFICATION NUMBER APPLICATION

			TRAN	TRAN	
	ORY # ISSI		CODE		. r
Q #	303	0525	<u>4</u>		XXX
1 Please read the i	instructions on the reve	erse side of this form before com	10 14 please exclude punctuation	as in the same in	21 23 amount of
			<del></del>	e Bureau of Land's computer inventory sy	stem.
E.S.D.A.	INCIDENT	# (if applicable)	:		
LOCATI	ON ADDR	•	street location where wa	ste is generated)	
Card Type	COMPANY	1 <del>-</del>		• •	·
010	M_A	<u> </u>	A 7-A CLEA	N-E-R-S-	
11 13	24				53
	LOCATION	l (Post Office Box n	numbers will not be ac	cepted):	
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11 13	24		7# .	48	
	CITY: <u>D</u>	OFNERS.		STATE: 🗓	<u>-</u> _
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		0 5 1 5		UT MGL	
	77 TELEDUO	85 NE: 420 253 761			
	IELEPHOI	NE: 630-852-767			
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MANILINIA	G ADDRES				120
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11 13	5	<del></del>			<del>-</del> 78
	P O BOX:	•			, 0
	7	79 84			
	CITY:				
	85			104	
	STATE:		ZIP:		
·	105	106	107	115	
MANIFE	STS:	You qualify for 20 free Manifests, please ind	e Uniform Hazardous Was icate the amount you need	te Manifests. If you do not nee Please check the type you nee	d 20 ed.
Number o	f Manifests n	eeded:	Snap-Top	Pin-Fed (computer f	ed)
RETURN	ADDRESS:	INDICATE THE LOCA		ORM SHOULD BE RETURNED	
	pany Name:	MAPUE PLAS		J. 11. 31. 31. 31. 31. 31. 31. 31. 31. 31	•
	tact Person:	YOON KWAK			
	Street:	2265 MAP <b>LE</b>	<u></u>		
	City:	DOWNERS GRO	OVE State:IB Z	ip: 5051 <b>6</b>	
Waste m	nay not be sent	to an Illinois facility		mental Waste Stream Perm	it number.
		of an illinois inventory ID number		hipped waste from this location under the EPA generator IO number;	Illinois
Ciamatura of	Authorized Pen	recentative: STG"IA"	епра ом аффасие	Date:	



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL - PERMIT SECTION 2200 CHURCHILL ROAD SPRINGFIELD, ILLINOIS 62794-9276

PAGE 3-1

PERCHLOROETHYLENE (PERC) DRY CLEANING FACILITIES

INITIAL NOTIFICATION REPORT
COMPLIANCE REPORT FOR POLLUTION PREVENTION
COMPLIANCE REPORT CONTROL REQUIREMENTS

	TY ID NO. 0503342 MUST BE SUBMITTED BY JUNE 18, 19		ESS LABEL)		
1.	Print or type the following for each sepa one site must fill out a separate form for	each site.	_		
	Owner/operator	HYUN	KWAK		
	Owner/operator SocN  Company Name N1Apt=	PLK2A	ONE HOL	R CLEANE	حح
	Mailing Address 23/5	MAPLE	AVE		
	City DOL-NERS GRUE				
	Site Address (If Different Than Mailing A	Address)			
	Street address				
	City	State	Zip		
	Phone Number	State	Zip		
2.	Check the box below if:				
	A.	dry) store only an	d you do not do c	ry cleaning at this locati	ion.
	B.  this site has only coin customers.	-operated dry cle	aning machines t	nat are operated by the	
	C. this site has dry clean	ing machines wh	ich use perc as a	cleaning solvent.	
	If you checked either box A or B above, go to Question 9 (page 6), sign and return the form to the address given in the accompanying letter.				
	If you checked box C, continue with Que	estion 3.			

This Agency is authorized to require this information under Illinois Combiled Statutes, 1992, Chapter 415, Act 5, Section I. Disclosure of this information is required. Failure to do so may result in a divil penalty up to \$50,000.00 and an additional divil penalty up to \$10,000.00 for each day the failure continues, a fine up to \$10,000.00 and imprisonment up to one year. This form has been approved by the Form Management Center.

3.	Write in the total volume of perchloroethylene (perc) purchased for all of the machines at the	is site ov	er the
	past 12 months:		

63. Jaallons

Months: July/1993 to /1994

Note:

a) If perchloroethylene purchase records have not been kept, the volume may be estimated for this initial report; records of future purchases must be kept.

Method of determining gallons (circle one):

actual

estimated

- b) If your total yearly perc consumption is less than 1,800 gallons or 2,100 gallons(if the site includes no transfer machines) and you later exceed this limit, you are required within 180 days to:
  - i) apply for a CAAPP permit, and
  - ii) submit an updated compliance certification for control equipment, (For exceedance prior to March 26, 1996, this certification need only be submitted by September 22, 1996.)
- Next to each machine type listed below, write the number of machines of that type located at this site: 4.

\_\_\_\_\_\_Dry-to-Dry

0 Transfer

Note: Examples of transfer machine systems include, but are not limited to:

- a) a washer and dryer(s);
- b) a washer and reclaimer(s);
- c) a dry-to-machine and reclaimer(s).
- Provide the following information for EACH MACHINE at this site. If you have more than 4 machines 5. at your site, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
Date Machine Was Installed	Hard 1989		,	
Control Device (Use WORKSHEET on Pages 7 - 9 to determine Required Control)	No Control 3 Required			
Date Control Device was installed or is Planned to Be installed				

6.

	f you listed a required control in Question 5 (page 2)for any machine at your facility, you must monitor your control.						
То	dete	rmine what type of monitoring is required, check all boxes that apply:					
<b>a</b> .	Ø	I use a refrigerated condenser on a dry-to-dry machine to meet required control.					
		If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser is less than or equal to 45 °F.					
b.		I use a refrigerated condenser on a transfer machine to meet the required control.					
		If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45°F <u>AND</u> that the difference between the inlet and outlet temperature of the refrigerated condenser on the transfer washer is greater than or equal to 20°F.					
¢.		I use a carbon adsorber on a dry-to-dry or a transfer machine to meet the required control, OR					
d.	ם	l use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON door opening.					
		If you checked either of the two boxes above, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of PERC in the exhaust from the carbon adsorber is equal to or less than 100 parts per million by volume.					
e.		I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened.					
		If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the dry cleaning machine drum at the end of the dry cleaning cycle is equal to or less than 300 parts per million by volume.					
1.		I use a room enclosure on a transfer machine.					
		If you reported 1,900 gallons or more in Question 3 (page 2) and your facility includes a transfer machine system, you are required to contain the transfer machine inside a room enclosure.					
		i) If you checked this box, is the room enclosure constructed of materials impermeable to perc?					
		Yes □ No □					

		ii)	Is the room enclosure designed and operated to maintain a negative pressure at each opening at all times that the machine is operating?					
			Yes 🗆 No 🖸					
		iii)	Is air from the room enclosure vented through a carbon adsorber or an equivalent control device?					
			Yes 🗆 No 🗆					
		iv)	Is the room enclosure equipped with the same carbon adsorber used in controlling perc emissions from other sources at the facility?					
			Yes 🗆 No 🗆					
7.			prevention practices performed at your facility? (These practices are listed can be posted next to your machine.)					
	a.	Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leak that are obvious from sight, smell, or touch? NOTE: This program is required every other week if you wrote NO CONTROL REQUIRED in the shaded box in Question 5.						
			Yes ໘ No □					
	b.		24 hours after they are found, or order repair parts within 2 working days after needs repair parts and install the repair parts within 5 working days, after they					
			Yes ⊠ No □					
	C.	Keep a log of the weekly (or biweekly) results of the leak detection and repair program?						
			Yes 🔯 No 🗆					
	đ.	Follow good housekeeping practices, which include keeping all perc and wastes containing perc is covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred?						
			Yes ☑ No □					
	e.	Operate and mainta	in all dry cleaning equipment according to manufacturers' instructions?  Yes ☑ No □					
	<b>:</b>	Retain onsite, cor maintenance specifi	pies of each equipment and control device manufacturer's operation and cations?					
			Yes ⊠ No □					
		· · · · · · · · · · · · · · · · · · ·	ed No to any of the pollution prevention practices, your facility is out of compliance me into compliance IMMEDIATELY by strictly addressing these practices.					

FORM MUST BE SUBMITTED BY JUNE 18, 1994

- 8. The following records shall be kept at your facility for at least 5 years from the date of entry and available to the Agency for inspection and copying upon request:
  - a. Receipts of perc purchases.
  - b. A log of the volume of perc purchased each month.
  - c. A log of the calculation and the result of the yearly perc consumption as determined on the first working day of each month.
  - d. A log of the inspection dates, name and location of system components where leaks are found.
  - e. A log of the dates of repair and records of written or verbal orders for repair parts.
- 9. I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature Date

Print or type the name and title of the Responsible official for this dry cleaning facility:

Y-ONHYNN KNAK OWNER
Name Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of a corporation that owns the dry cleaning facility, or a duly authorized representative that is responsible for the overall operation of the facility,
- An owner of the dry cleaning facility.
- A principal executive officer if the dry cleaning facility is owned by the Federal, State, City, or County government,
- A ranking military officer if the dry cleaning facility is located at a military base, or
- A general partner of a partnership that owns the dry cleaning facility.

### WORKSHEET

Α.	To determine whether control is required:
	Check all boxes that apply:
	1. X I reported less than 140 gallons in Question 3 (page 2).
	2. I reported less than 200 gallons in Question 3 (page 2) AND
	reported only transfer machines in Question 4 (page 2).
	3.  I reported greater than 200 gallons in Question 3 (page 2).
	If you checked either box 1 or 2 above, write NO CONTROL REQUIRED in the shaded box on page 2 for each machine at your plant that was installed before 12/9/91. For those machines installed on or after 12/9/91, continue with the rest of the worksheet.
	If all your machines were installed before 12/9/91, you can STOP HERE. YOU ARE FINISHED WITH THE WORKSHEET. GO TO QUESTION 9 (page 6).
	If you checked box 3 above, go to Part B below.
В.	Control is required. Fill out Part B for EACH MACHINE at your plant.
	Check the appropriate box:
	☐ Machine was installed BEFORE 12/9/91.
	If you checked this box, your required control is refrigerated condenser or a carbon absorber that was installed before 9/22/93. Write REFRIGERATED CONDENSER OR CARBON ABSORBER in the shaded box below the machine on page 2.
	Control must be installed by 9/22/96.
	☐ Machine was installed ON OR AFTER 12/9/91 AND BEFORE 9/22/93
	If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2.
	If the machine you have is NOT a dry-to-dry machine with a refrigerated condenser, the machine must
	use either a refrigerated condenser or carbon absorber from 9/22/93 until 9/22/96.

License No. 2880-5321-01

Expiration Date 12/31/01

# State of Illinois

# **Drycleaner Environmental Response Trust Fund of Illinois**

This certifies that \_\_\_\_\_\_\_ DOWNERS GROVE, IL

is licensed, in accordance with 415ILCS 135/60, as a drycleaning facility located in the state of Illinois engaged in drycleaning operations for the general public.

On behalf of the Illinois Drycleaner Environmental Response Trust Fund

12/30/00

Date

Program Administrator



Illinois Department of Revenue

# DS-3 Dry-Cleaning Operators' Annual License Fee Payment Form

FORM 162 REV 01 / E R . . . / / 2.! / \_ . /

Step 1: Identify the business  1	Do not write above this line  4
2 2265 MAPLE AVE	5 3 4 5 5 8 63 0 1
DOWNERS GROVE 12 60515	6 (630) 852-7670
Address for the physical location of dry cleaning business if different than business address	
Step 2: Write the license year and license fee am  7 The license fee I am paying is for the year 2 0 0 0  8 Write the amount of license fee you are paying. \$ 500  Fees: \$500 — (0 to 140 gallons of chlorine-based solvent;  0 to 1,400 gallons of petroleum-based solvent)  \$1,000 — (more than 140 but less than 360 gallons of chlorine-based solvent; more than 1,400 but less	9 Form DS-3 and the license fee payment are due on or before December 31 for the following year's license. Your payment must be in the form of guaranteed remittance, such as cash, cashier's check, money order, or traveler's check. Personal checks will not be accepted. Make your remittance payable to "Illinois Department of Revenue." Do not mail cash.
than 3,600 gallons of petroleum-based solvent) \$1,500 — (360 or more gallons of chlorine-based solvent; 3,600 or more gallons of petroleum-based solvent)	Mail your payment, this completed form, and a self-addressed, stamped envelope to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19018 SPRINGFIELD IL 62794-9018
Affix official Illinois Department of Revenue	We will accept cash at our Springfield and Chicago offices. Please

DS-3 front (R-8/99)

seal here.

This form is authorized by the Dry Cleaner Environmental Response Trust Fund Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL 492-3785

see the back of this form for the office addresses.



## **DOCUMENTS NOT SCANNED**

Type of docum		nsuranc	يو	
Inform	ation			
				<del>-</del> -
No.of pages:	3			



COUNCIL MEMBERS
Thomas Eoff - Jerome Lewicki - Wayne McGhie - Jimmy Sober - Jae Sang Yoo

November 1, 2000

#### Dear Licensed Drycleaner:

Our records show that your annual license is due for renewal by December 31, 2000. Enclosed are two forms that you must review and complete; the S-3 License Fee Payment Form and your License Renewal Application. Please follow the directions below in order to renew your license for calendar year 2001.

- 1) Complete the enclosed DS-3 License Fee Payment Form after you have made your last purchase of drycleaning solvent in calendar year 2000. This form and your license fee payment <u>are due by December 31, 2000</u> at the Illinois Department of Revenue.
- 2) Send the DS-3 License Fee Payment Form along with your certified check or money order to the Illinois Department of Revenue, PO Box 19018, Springfield, IL 62794-9018. (DO NOT send the enclosed License Renewal Application to the Illinois Department of Revenue – hold onto this form.)
- The Illinois Department of Revenue will return the white portion of the DS-3 form to you with their embossed symbol on it. When you receive this, complete the enclosed License Renewal Application.
- 4) Send <u>all</u> of the following information to: Drycleaner Environmental Response Trust Fund of Illinois, P. O. Box 7380, Bensenville, IL 60106-7380:
  - > Your License Renewal Application,
  - > A copy of all drycleaning solvent purchase invoices for calendar year 2000 from all solvent suppliers,
  - > A copy of your solvent purchases log for calendar year 2000,
  - > The "white" portion of the DS-3 License Fee Payment Form

NOTE - Failure to follow the above steps could delay the renewal of your license for calendar year 2001. If you have pollution liability insurance coverage issued by the Drycleaner Environmental Response Trust Fund, your insurance coverage will be cancelled if you do not renew and maintain your license.

If you should have any questions, please contact our office at 1-800-765-4041. Thank you.

Sincerely,

DRYCLEANER ENVIRONMENTAL RESPONSE TRUST FUND OF ILLINOIS

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Enc

#### LICENSING RENEWAL NOTICE AND APPLICATION

YOON KANG MAPLE PLAZA CLEANERS 2265 MAPLE AVENUE DOWNERS GROVE, IL 60515

License No: 2880-5321-01 Expiration Date: 12/31/00

#### Dear Operator:

Facility Information

Date Printed: 11 01 00

Our records show that your license is due to expire for the drycleaning facility listed on this application. In order to renew your license please review the information listed below for any changes. You need to notify us of any changes by simply marking through the incorrect information and writing the correct information on this notice. Please return this notice to our office by December 31, 2000 to avoid any delays in receiving your new license.

If no changes, you must still sign and return this notice. You must include your "white" DS-3 license fee payment receipt.

Operator Information

PO Box 7380, Bensenville, IL 60106-7380

Name: MAPLE PLAZA CLEANERS Address: 2265 MAPLE AVENUE City: DOWNERS GROVE		Name: Address: City:	YOON KANG 2265 MAPLE AVEN DOWNERS GROVE	ſŪΈ
	50515	State: Contact: Phone: Legal Entity: Fed ID or SS	IL SUNG KANG (630)852-7670 Sole Proprietor No: 354-58-6301 ess Tax No: 2880-5	_
Pal Estate Owner Lame: INLAND MANAGEMENT INC Address: 2901 BUTTERFIELD RD City: OAKBROOK State: IL Zip: 6 Contact: ROBERT MRADEK	50523	Solvent Supp 1) TRI-SUPP 2) 3) 4)	<u>bliers</u> LY COMPANY	
Phone: /630) 954 - 5656 Legal Entity: Componation Fed ID or SS No: 5		of this form t	supplier not listed, p their name, complete er and Illinois Busine	
Annual License Fee Information Please mark below the quantity of drycle both types, please provide the actual gall of your solvent purchase log and all invol	ons purchased in 3	2000 on the li	nes provided. Also,	please provide copies
Chlorine-based solvent:	Annual Fees	<u>P€</u>	etroleum-based solve	ent:
140 gallons or less	\$500 annual	ly	1400 gallons	or less
> 140 gailons and < 360 gallons	\$1000 annua	allγ	> 1400 gallor	ns and <3600 gallons
360 gailons or more	\$1500 annua	ally _	3600 gallons	or more
application is correct to the best of my kill may be grounds to terminate my license.  Signature  M. KANG  Int Name	nowledge; further,	enting that the I understand  MANGER tle	e information provide that providing false	ed on this renewal or misleading information  11-20-2000  Date

Return this form and your DS-3 license fee payment receipt to: Drycleaner Environmental Response Trust Fund

Site: 0001333



DS-3 front (R-8/99)

### Illinois Department of Revenue

# **DS-3** Dry-Cleaning Operators' Annual License Fee Payment Form

FORM 162 REV 01

Step 1: Identify the business 1 Name MAPLE PLAZA CLEANERS 1 MAPLE PLAZA CLEANERS
4 Mindis business tax muriber (IBT)
2 2265 MAPLE AVE 5 346 59 630 1
Federal displayer identification number (I EIN) 6 (630) 852.7670 CILY DOWNERS GROVE, IL. 60515 Address for the physical location of dry cleaning business if different than business address Step 2: Write the license year and license fee amount paid 7 The license fee I am paying is for the year 2 0 0 1.

8 Write the amount of license fee you are paying. \$ 500, -9 Form DS-3 and the license fee payment are due on or before December 31 for the following year's license. Your payment must be in the form of guaranteed remittance, such as cash, cashier's Fees: \$500 - (0 to 140 gallons of chlorine-based solvent; check, money order, or traveler's check. Personal checks will not 0 to 1,400 gallons of petroleum-based solvent) be accepted. Make your remittance payable to "Illinois Department \$1,000 — (more than 140 but less than 360 gallons of of Revenue." Do not mail cash. chlorine-based solvent; more than 1,400 but less Mail your payment, this completed form, and a self-addressed, than 3,600 gallons of petroleum-based solvent) stamped envelope to: \$1,500 — (360 or more gallons of chlorine-based solvent; ILLINOIS DEPARTMENT OF REVENUE 3,600 or more gallons of petroleum-based PO BOX 19018 solvent) SPRINGFIELD IL 62794-9018 Affix official We will accept cash at our Springfield and Chicago offices. Please Illinois Department of Revenue see the back of this form for the office addresses. seal here. This form is authorized by the Dry Cleaner Environmental Response Trust Fund Act Disclosure of this information is REQUIRED

Failure to provide information could result in a penalty This form has been approved by the Forms Management Center II. 492 3785

7-3

H HE B-Supply Co. RKFD

955 INDUSTRIAL COURT LOVES PARK, IL 61111 (815) 637-6374 (800) 289-0653 FAX (815) 637-6472

REMIT TO:

TRI-SUPPLY CO. 955 INDUSTRIAL COURT LOVES PARK JL 61111

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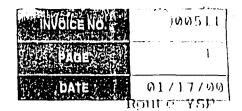
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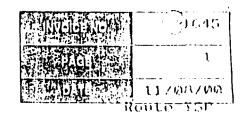
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## INVOICE

FILE COPY



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MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

- SAME
MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

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### **Illinois Department of Revenue**

\$1,500 — (360 or more gallons of chlorine-based solvent;

3,600 or more gallons of petroleum-based

# DS-3 Dry-Cleaning Operators' Annual License Fee Payment Form

FC	DRM	1162	RE	:V (	)1
Ε	R	i	111	_/_,	
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Step 1: Identify the business	
1_MAPLE PLAZA CLEANERS	4 <u>Z 8 8 0 - 5 3 2 1</u> Illinois business tax number (IBT)
2 2265 MAPLE AVE	5 3 4 5 5 8 63 0 1 Federal employer Identification number (FEIN)
DOWNERS GROVE 1L 60515	6 ( <u>630</u> ) <u>852</u> - 7670
Address for the physical location of dry-cleaning business if different than business address	
Step 2: Write the license year and license fee an	nount paid
7 The license fee I am paying is for the year 2 0 0 0.  8 Write the amount of license fee you are paying \$ 500	9 Form DS-3 and the license fee payment are due on or before December 31 for the following year's license. Your payment must
Fees: \$500 — (0 to 140 gallons of chlorine-based solvent;  0 to 1,400 gallons of petroleum-based solvent)  \$1,000 — (more than 140 but less than 360 gallons of	be in the form of guaranteed remittance, such as cash, cashier's check, money order, or traveler's check. Personal checks will not be accepted. Make your remittance payable to "Illinois Department"
chlorine-based solvent; more than 1,400 but less	of Revenue." Do not mail cash.

Affix official Illinois Department of Revenue seal here.

solvent)

stamped envelope to:

ILLINOIS DEPARTMENT OF REVENUE

PO BOX 19018

SPRINGFIELD IL 62794-9018

We will accept cash at our Springfield and Chicago offices. Please see the back of this form for the office addresses.

DS-3 front (R-8/99)

This form is authorized by the Dry Cleaner Environmental Response Trust Fund Act Disclosure of this information is REQUIRED Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center It. 492-3785





## License Application Form

Drycleaning facilities, located in the state of Illinois and actively engaged in drycleaning operations for the general public, are	
equired to be licensed with the Drycleaner Environmental Response Trust Fund of Illinois effective January 1, 1998. Plea	ase
omplete and return this form with the required document.	

, and a second
You are not required to be licensed and are not eligible for program benefits if any of the following define your facility.
facility located on a US military base industrial laundry, commercial laundry or linen supply facility state operated mental health facility
not-for-profit hospital or other health care facility  facility currently or formerly located on federal or state property
If you need assistance in completing this form, please call 1-800-765-4041, ext. 2164.
Part A
Facility Information
Facility Name: MAPLE PLAZA CLEANERS Contact: YOUN KANG Phone No.: 6301 557-7670
Facility Address: 2265 MAPLE ANE. DOWNERS CHOVE, 14. 60515
Date facility began drycleaning operations  (If unknown, first date you know of its operations)
(If driknown, first date you know or its operations)
Part B
Operator Information
Operator Name: YOUN KANG Contact: YOUN KANG Phone No.: (63-) 852-7670
Mailing Address: 92 HAWKINS CIRCLE WHEATON, IL. 60187
Legal Entity: Sole Proprietorship Corporation Partnership
Other, explain:   Illinois Business Tax #:
Fed ID or Soc. Sec. #: 394-58-6301 (See Illinois Tax Form DS-3 for tax #)
Part C
Real Estate Owner Information
Owner Name: INLAND MANNHEMENT INC Contact: RUBERT MEAZEK Phone No: (634) 954-5656
Mailing Address: 2901 BUTTERFIED RC DAK BRICK; 14 60523
Legal Entity: Sole Proprietorship Corporation Partnership
ner. explain: Fed ID or Soc. Sec. #:
RE'



### License Application Form

Drycleaning facilities, located in the state of Illinois and actively engaged in drycleaning operations for the general public, are required to be licensed with the Drycleaner Environmental Response Trust Fund of Illinois effective January 1, 1998. Please complete and return this form with the required document. You are not required to be licensed and are not eligible for program benefits if any of the following define your facility. facility located on a US military base industrial laundry, commercial laundry or linen supply facility prison or penal institution state operated mental health facility not-for-profit hospital or other health care facility facility currently or formerly located on federal or state property If you need assistance in completing this form, please call 1-800-765-4041, ext. 2164. Part A Facility Information Facility Name: MAPLE PLAZA CLEANERS Contact: YOUN KANG Phone No.: (630) 857-7670 Facility Address: 7265 MADLE AVE. DOWNERS GROVE, 1- 60515 Date facility began drycleaning operations (If unknown, first date you know of its operations) Part B Operator Information Operator Name: YOON KANG Phone No.: (63.) 852-7670 Mailing Address: 92 HAWKINS CIRCLE WHEATON, IL 60187 Legal Entity: Sole Proprietorship \_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Other, explain: \_\_\_\_\_ Illinois Business Tax #: \_\_ (See Illinois Tax Form DS-3 for tax #) Fed ID or Soc. Sec. #: 354-56-6301 Part C Real Estate Owner Information Owner Name: INVAND MANNAGEMENT INC. Contact: RUBERT MRAZEK Phone No: (636) 454-5656 Mailing Address: 2901 BUTTERFIED RO OAK BROK; 14 60523 Legal Entity: Sole Proprietorship \_\_\_\_ Corporation Partnership \_\_\_\_ Fed ID or Soc. Sec. #:\_\_\_\_\_ 

,	Annual Fee Information Please mark below the quantity of d facility began operations after Janua					
,	Chlorine-based Drycleaning Solvents (mark one, if you purchase this type) Actual (or) Annual 1998 Estimate		(mark one, if yo Actual (or) Ann	ed Drycleaning Solv u purchase this type nual mate		Annual Fees
	1998 Estimate140 gallons or less		1998 Esti	mate 1400 gallons or i	ess	\$500 annually
	/ \>140 gallons and <360 ga	allons	<u>·</u>	>1400 galions ar	nd < 3600 gallons	\$1,000 annually
	360 gallons or more			3600 gailons or r		\$1,500 annually
1		·	Part E			
	Drycleaning Solvent Supplier Info				(8	co)
	Name of Supplier: WAUGAU CHE	MICHL COEFE	ontact: KEVIN	1 BRADEN	_ Phone No.: <u>2</u>	36-2200
	Mailing Address: P.O. 12x 953	Z WAUSA	<u>u, Wl.</u>	54402		,
	Illinois Business Tax #:		,			
	(If you have more than one supplier, plo		arate listing of	them to this form	.)	
	Items to Return:	Completed Ap Proof of Paym	plication Form ent for Licens	n e Fee to the De	pt. of Revenue	
	I CERTIFY THAT THE INFORMATION OF MY KNOWLEDGE. I HAVE NO THIS APPLICATION WITH FALSE I MISLEADING. I ACKNOWLEDGE OR CANCEL AN EXISTING LICENS  Applicant's Signature	T KNOWINGLY INFORMATION ANY SUCH ACT SE.	OR WITH TH OR CONCEA TS WOULD B	HE INTENT TO ALMENTS FOR	DEFRAUD, SU THE PURPOSI O DENY THIS	BMITTED E OF APPLICATION
	Applicant's Signature		Title			Date
	Applicant's Printed Name	9				
		• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •	•••••••
	Return to:	Drycleaner En P.O. Box 9400 Sioux City, IA Phone: 1-800	) 51102	Response Trust	Fund of Illinois	
	For Council Use Only:					
	License # Assigned:		Effective Date	of License:		

# **DOCUMENTS NOT SCANNED**

Type of docum	nent(s) <u>:      </u>	MSURAL	ice Inf	or mation
lo.of pages:_	1			

# SITE INSPECTION FORM DRY CLEANER PLANT - COMPLIANCE CHECK LIST

Facility Name: 1 Hour Gleanes/Mar	acility Name: 1 Hour Cleanes/Maple Plaza			Date of Inspection: 7/17/98					
Accress: 21W255 Madie Avenue				ír.	spector Name: Pat Fos	snacht			
City/State/Zip: Downers Grove, IL				E	icorti Mr. Kwak				
Phone #: 862-7670									
Contact: Youh Hyun Kwak					·				
Facility Information: Generator I.D.#:ILD 984905202 Operating License #: Paid 12/26,	/97			×	X Dry to Dry Trensfer Wet Only				
Equipment Type: Columbia Turbo Bry	931				, Ags: ~10 years				
Chemicsis Usac: PCE				1	Guandby: 5 gaillon/m		;		
Chemiceis Used: Staticol					Guantity: 1 gallon				
Chemicals Used: spowing agents					Guantity: 1 gaillon				
Hazerd Communication: warning Perc Log Yes					-Sitz Documentation: I	MSDS on file: se	ervice		
signs posted; Mr. Kwak sole operator of machine.	RC Log	Ye	5	icq					
	insp. Log	Ye	s						
Exterior Inspection		وسبورث							
Is Staining Evident? Aust only				C	oncrete/Asphalt	Sewer/Drain	1		
Extensi Chemical/Westa Storage? N	None			М	inon stains				
Comment: no visual evidence									
Interior Inspection									
Interior Grains: No stains	_								
interior Foors/Wails: Muck on walls,	minor stains d	on floo	ors.						
Cischarge Tray? Yes									
Waste Weter Tresprenz Yes									
Waste Treatment Feelby Gelaxy WM	/ Plant								
Serviced By: AnFero Co., Gren Eliyn, IL			Fraguency:	85	needed				
Wasta Haulen: Safety Kleen		Frequency:	1 ti	пе в моги					
Stonage/mousakeeping: adaquase									
Comment: Weil maintained logs for p	era, hebeir, ins	spect	on and refings	eret	ed candersers.	RE'	ļ.,		
						Cirs	, 2801		
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August 1, 2001

Yoon Kang 2265 Maple Avenue Downers Grove, IL 60515

Dear Mr. Kang:

We appreciate your cooperation with our recent Drycleanor Environmental Response Trust Fund of Illinois facility inspection at the site listed below:

MAPLE PLAZA CLEANERS 2265 MAPLE AVENUE DOWNERS GROVE, IL 60515 RE: SITE #0001333

No problems or deficiencies were noted.

The Drycleaner Environmental Response Trust Fund of Illinois appreciates your participation in the inspection process and your efforts to protect human health and the environment. If we can be of any assistance, you are welcome to contact our office at 1-800-765-4041.

Sincerely,

DRYCLEANER ENVIRONMENTAL RESPONSE TRUST FUND OF ILLINOIS

Karla Kluver

Karla Kluver Inspection Staff

# ASSIGNMENT AND ASSUMPTION OF LEASE and AMENDMENT TO LEASE

THIS ASSIGNMENT AND ASSUMPTION OF LEASE and AMENDMENT TO
LEASE ("Assignment and Amendment"), is entered into as of 12c 13, 1999, by
and between Yoon Hyun Kwak (collectively "Assignor"), and Yoon V. Kang, jointly and severall
(collectively, "Assignee").

#### RECITALS:

- A. Inland Real Estate Corporation and Assignor entered into a lease dated September 23, 1992 (hereinafter referred to as the "Lease") pertaining to Downers Grove, Illinois ("Leased Premises") located in the Maple Plaza Shopping Center, 2265 Maple Ave., Downers Grove, Illinois as more fully described therein;
- B. INLAND COMMERCIAL PROPERTY MANAGEMENT, INC. ("Landlord"), an Illinois corporation, is the managing agent for Inland Real Estate Corporation, an Illinois corporation, the current landlord under the Lease;
- C. Assignor desires to assign all of its right, title and interest as the tenant under the Lease to Assignee and Assignee desires to assume, observe and perform all of the terms, covenants, and conditions to be observed or performed by the tenant under the Lease; and
  - D. The parties hereto desire to amend the Lease as hereinafter set forth.
- NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is hereby agreed that, effective July 21,1998 ("Effective Date"):
- 1. <u>Incorporation of Recitals.</u> The Recitals set forth above are hereby incorporated by reference as is fully set forth herein.
- 2. <u>Validity of Lease</u>. Assignor hereby warrants and represents that the Lease is valid, in good standing, and in full force and effect and that there is no condition or state of facts now in existence, which, if not corrected, would constitute a default by Assignor, as the tenant, or the Landlord, as the landlord, under the terms of the Lease.
- 3. Assignment. As of the Effective Date, and subject to all of the terms, provisions, conditions, obligations, covenants and agreements contained or referred to in the Lease to be observed and performed by the tenant thereunder (collectively, the "Tenant Obligations"), Assignor does by these presents hereby grant, bargain, sell, convey, transfer, assign and deliver unto Assignee all of Assignor's right, title, and interest in the Lease, including Assignor's right to the Security Deposit relating thereto, if any, and in and to the leasehold estate created by the Lease.

J:\ROBERT\203 MAPLE PLAZA\ASSIGN.ASSUMP.AMEND.TO.LEASE.Y.KWAK.Y.KANG..DOC

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- 4. Acceptance. As of the Effective Date, Assignee accepts the assignment of the Lease and of the Security Deposit relating thereto, if any, which shall continue to be retained by Landlord, and in and to the leasehold estate created by the Lease. Assignee further assumes and agrees to observe and perform all of the Tenant Obligations, including, but not limited to, the payment of all rent (including, minimum or fixed rent, percentage rent and additional rent) and all charges and deposits (including common area maintenance charges and real estate tax deposits) due to be paid to Landlord, from and after the Effective Date, as fully and completely as though Assignee were the original tenant under the Lease.
- 5. Preservation of Landlord's Remedies. Landlord shall not be required to enforce or pursue any remedy which it now has or may hereafter acquire against Assignor or Assignee prior to proceeding against the other, and no failure, delay, or election to pursue any remedy hereunder or under the Lease against either party shall constitute a waiver on Landlord's part of the right to pursue said remedy against the same or the other party on the basis of the same or a subsequent breach. Any notices received from or given to Assignor by Assignee shall simultaneously be furnished to Landlord. Neither the consent of Landlord to this Assignment and Amendment, nor Assignee's taking possession of the Leased Premises, shall constitute or be deemed to be a waiver by Landlord of any existing default of Tenant Obligations by Assignor.
- 6. <u>Maintenance of Agreement</u>. Assignee and Assignor acknowledge that their undertakings hereunder are given in consideration of Landlord's consent to this Assignment and Amendment and that Landlord would not consent to this Assignment and Amendment were it not for the execution and delivery of this Assignment and Amendment in the form and substance hereof.
- 7. <u>Amendment of Lease.</u> From and after Effective Date the Lease shall be amended as follows:
  - A. Notices to Tenant shall be addressed as follows:

Yoon V. Kang Maple Plaza Cleaners 2265 Maple Ave., Downers Grove, IL

- B. Article \_\_\_\_of the Lease shall be amended to include as Exhibit \_\_ the Guaranty of \_\_\_\_\_, attached hereto.
- 8. Amendment. This Assignment and Amendment shall not be modified except by written instrument subscribed to by Assignor, Guarantor, Assignee and Landlord. Except as specifically amended by this Assignment and Amendment, all of the terms, provisions, agreements, covenants and conditions contained in the Lease are and shall remain, unchanged and in full force and effect.
  - 9. Inurement. The terms and conditions of this Assignment and Amendment shall be binding

upon and shall inure to the benefit of the parties hereto, and their respective heirs, successors and assigns.

- 10. <u>Headings</u>. This section and paragraph headings contained in this Assignment are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- 11. Counterparts. This Assignment may be executed in two or more counterparts, each of which shall be deemed to be an original but all of which shall together constitute one and the same instrument.
- 12. <u>Construction</u>. This Assignment shall be governed by and construed in accordance with the laws wherein the Leased Premises are located.
- 13. Security deposit of Five Thousand and 00/100 Dollars (\$5,000.00) is assigned from Assignor, and remains with Landlord on deposit.

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Doc 23615 .

IN WITNESS WHEREOF, the parties hereto have caused this Assignment and Amendment to be made as of the date first above written.

**ASSIGNOR:** 

**ASSIGNEE:** 

By: Yoon V. Kang

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STATE OF /LLINCH)	
) SS.	
COUNTY OF DUPAGE)	
•	
I, the undersigned, a Notary Public, in and f	or the County and State aforesaid, DO HEREBY
CERTIFY, that YOON HYUN KWAK,	AND of YOON V. KANE
, General Partner of	Partnership, a
partnership, personally known to me	to be the same person whose name is subscribed
to the foregoing instrument as such	, appeared before this day in person and
acknowledged that he/she signed and delivered the	said instrument as his/her free and voluntary act
and deed and as the free and voluntary act and deed	
for the uses and purposes therein set forth.	•
• •	
GIVEN under my hand and notarial seal th	is <u>157</u> day of <u>DECEMBOR</u> , 19 <u>99</u> .
	mi 100 5 -6.5
	Nature Public
My commission expired:	Notary Public
My commission expires:	
7.23.2002	, <b>'</b>
	• /

"OFFICIAL SEAL"

MICHAEL J. DICANIO

NOTARY PUBLIC, STATE OF ILL: HOIS

MY COMMISSION EXPIRES 07/22/02

#### CONSENT OF LANDLORD

The undersigned, as Landlord under the Lease described in the foregoing Assignment and Amendment, does hereby consent to the foregoing assignment from Assignor to Assignee on the conditions set forth therein and agrees to the foregoing amendment to the Lease.

This consent by Landlord to the Assignment and Amendment shall not in any way be construed as to relieving Assignee from obtaining the express prior written consent of Landlord, which consent shall not be unreasonably withheld by Landlord, to any further assignment or subletting for the use of any part of the Leased Premises nor shall the collection of rent by Landlord from any assignee, sublessee or other occupant, be deemed a waiver of this covenant or the acceptance of said assignee, sublessee or occupant, as tenant under the Lease, or a release of Assignee from the further performance by Assignee of the covenants in the Lease on the part of Assignee to be performed.

INLAND COMMERCIAL PROPERTY MANAGEMENT, INC.

Bv.

Its: PRESIDENT

Dated: 12/13,1999

This Assignment and Assumption of Lease and Amendment to Lease is being forwarded for your approval and execution on the understanding that it shall not become effective until consented to in writing by the Landlord and executed and delivered by the Landlord.

07-Nov-98 11:25 AM MS4500 1 Commercial REIT Receivables PAGE 1 MRAZEK Commercial Lease Synopsis 203 MAPLE PLAZA Building # Unit # 10 YOOH HYUN KWAK YOON V. Kans Tenant # 1 Sequence # Trade Name: MAPLE PLAZA 1 HOUR CLEANERS (548) Tenant Type: (CLEANERS) Unit Location: 21 W 265 MAPLE AVE DOWNERS GROVE, IL 60515 21 W. 265 MAPLE AVE Billing Address: DOWNERS GROVE, IL 60515 Notice Name: Notice Address: Copy to: Copy to Address: Lease Type: Retail Date of Lease: 09/23/1992 Square Feet: 1,500 Possession Date: 03/01/1993 to 02/28/2003 Lease Term: 03/01/1993 Opening Date: Rent Changeover Day: 1 Option Notice Date: Lease Year: 03/01 to 02/28 1-5 YEAR Option Notice Desc: S/D Required: 5,145.00 S/D Held: 5,145.00 Guarantor: Contact: Late Charge Desc: \$250.00 OR 10% IF NOT PD BY DUE DATE + PRIME + 4% NLT 14% Fixed Rent: per sq. ft. Eff. 03/1993 2,000.00/Mont 16.00/S 1,500 S.F. (Area) Eff. 03/1994 1,500 S.F. (Area) 1,500 S.F. (Area) 2,070.00/Mont 16.56/S Eff. 03/1995 2,142.45/Mont 17.14/S1,500 S.F. (Area) Eff. 03/1996 2,217.44/Mont 17.74/S 2,295.05/Mont Eff. 03/1997 1,500 S.F. (Area) 18.36/S Eff. 03/1998 2,295.05/Mont 18.36/S 1,500 S.F. (Area) Eff. 03/1999 1,500 S.F. (Area) 2,363.75/Mont 18.91/S Eff. 03/2000 1,500 S.F. (Area) 2,435.00/Mont 19.48/S Eff. 03/2001 Eff. 03/2002 2,507.50/Mont 1,500 S.F. (Area) 20.06/S 2,582.50/Mont 20.66/S 1,500 S.F. (Area) Annual Rent Adjustment: Option Rent: NONE Additional Rent: Area % Group Code Admin % Freq. Est PRS: COMMON AREA MAINT Monthly 4.79 203I 0.00 1 INCL. SAL, ROOF, MGMT FEE UP TO 4% PRS: REAL ESTATE TAX Monthly 4.79 N/A 0.00 1 PRS: INSURANCE Monthly 4.79 N/A 0.00 S/B IN CAM MERCHANTS DUES Monthly 4.79 N/A 0.00 Insurance Requirements: Expiration Date 2,000,000.00 Property Damage \$ Public Liability \$ 0.00

Days Notice to Change/Cancel 0

Yes

Plate Glass

07-Nov-98 11:25 AM MRAZEK

Commercial REIT Receivables Commercial Lease Synopsis

MS4500 1 PAGE 2

Dram Shop Contents

No Yes, at 90%

. No

Other

ATUT # 101199-07

Additional Insured 1 Additional Insured 2 Landlord Insurance

INLAND COMMERCIAL PROPERTY MANAGEMENT, INC.

TRUST-L/L & ASSINGS AS DIRECTED

Abatement:

Percentage Rent:

Start Date: Pct of Sales:

Frequency: Never

Sales Base \$:

Sales Start Date:

Sales Frequency:

(1) LEASE ASSINGED 4-14-94-FROM PONG PAK & CHUN PAK W/O LIABILITY. (2) TRADING AREA 3 MILE RADIUS. HOLDOVER=200%(3)ESTOPPEL CERT-5 DAYS(4)L/L MAY RELOCATE THT @ L/L EXPENSE (5) THT HAS EXCLUSIVE USE PROVISION-SEE RIDER SEC.14.22

Utilities:

Maintenance:

Tenant: HVAC AND ALL OTHER INTERIOR INC. GLASS

Landlord: ROOF, FLOORS, WALLS

Termination/Expansion Option:

Default:

Monetary: 5 DAYS NOTICE Other: 15 DAYS NOTICE

Use Clause:

RETAIL DRY CLEANING ESTABLISHMENT W/ PLANT ON-SITE 1 HOUR SERVICE

Miscellaneous:

\*EXTEND THROUGH END OF PROFORMA OF THIS RATE.

(1) TNT TO REDECORATE AT END OF 5TH YR W/ NOTICE FROM L/L

(2) NO VENDING (3) THT TO PROVIDE BOILER & MACHINER POLICY (4) NO

TRANSFER OR SUBLET W/O L/L APPROVEL

LEASE APPROVAL 12-9 TO: Scott C. . . DATE: 8 4 91 PROPERTY: Meple Plaza NEW-LEASE / RENEWAL TENANT: Maple Plaz. Cleanis Lease Assisnmal COMPLETED BY LEASE/DOCUMENT IN DUPLICATE 1. 2. LEASE SYNOPSIS CREDIT CHECK 3. T.I. COST ESTIMATE **LEASE ANALYSIS** 5. 6. **COMMISSION REQUISITION** 7. SECURITY DEPOSIT AMOUNT:

REVIEWED BY:

COMMENTS:

8.

Scott Plans. Sign this Assistant, it was reviewed and approved by KR 8/3/an

RECEIVED: \_\_\_\_

**GUARANTY: YES/NO** 

PERSONAL / CORPORATE

1007

# EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

The following components must be checked for PERCEPTIBLE leaks every week.

(every other week for Small Area Sources)

- Hose and pipe connections
   Fitting, couplings, and valves
- 2. Door gaskets/seatings
- 3. Filter gaskets/seatings
- 4. Pumps
- 5. Solvent tanks and containers

- 6. Water separators
- 7. Muck cookers
- 8. Stills
- 9. Exhaust dampers
- 10. Diverter valves
- 11. Cartridge filter housings

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	5110	12-1-2:00	NINE				
2.	411	1-1-2001	DOUR (MAIN) GALLET	PRINT VAR	PEB-22 PEB-22	FO3-27 FO3-27	FCB 27 PEB-27
<ul><li>3.</li><li>4.</li></ul>	5.1L 5.1L	3-1-200	STILL DUR GMKET.	, , , , ,			
5.	414	4-1-2001	NONE		-		1
6.	jul	5-1-2001					1
7.		6-1-2001					-
8.		91-20	_				
10		4.2001	NUNE				
11	1 /	16,1,20			-	-	
11						FL	_

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- 3. Filter gaskets/seatings
- 4. Pumps
- 5. Solvent tanks and containers

- 6. Water separators
- 7. Muck cookers
- 8. Stills
- 9. Exhaust dampers
- 10. Diverter valves
- 11. Cartridge filter housings

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Sile	12-1-99	NINE				
2.	GIL	1-1-2000	NONE				
3.	6116	2-1-2000	HONE				
4.	5. K.	3-1-200	HONE				
5.	Gne	4-1-2000	HONE				
6.	Luic	5-1-2000	HUNE				
7.	GIL	6-1-2000	NONE				
8.	G116-	1-1-200	NONE				
9.	SIL	2-1-200-	NUNE				
10.	4.16	9-1-2000	HODE				
11.	SIL	(0-1-2000)	HOWE				
12.	514	11-1-20-6	HUNE				

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	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
ı.		2-20-99	NUNE				
2.	SIK	3-6-49	NONE				
3.	5.K	3-20-99	NONE				
4.	SIL	4-3-19	NONE				
5.	bil	4-17-49		)			
6.	511	5-1-99	NONE INSTALL - CARE FIN				
7.	5.16	6-1-90	INSTALL - ZAKE PIN	1			
8.	5.K	7-1-99					
9.	5.16	8-1-99					-
10	GIL	- 9-1-99			-	+	
11	. GIL	- 10-1-96					
12	1/11	11-1-95	NONE				

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	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.		8-29-90	NO N B				
2.		9-12-90	NONE				
3.	Sill	9-26-98	NONE				
4.		10-10-98	NUNE HIGH TEMP.	R.E.F COIL	6-99	1	11-6-49
5.	6.16	10-24-98	HIGH TEMP.	CHANGED	. 0-70		11 6 16
6.	5116	10-14-90	NONE				
7.	Gili	11-28-48	NONE				<del>                                     </del>
8.	GUL	12-12-18	NONE				
9.	5uc	12-26-9	NONE				-
10.	1 / /	1-9-99					
11.	1/1/	1-23-99					
12	1 , ,		None				

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- 8. Stills
- 9. Exhaust dampers
- 10. Diverter valves
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	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	YIHIK	3-16-18	A.N.E				
2.	Kulac	3-378	34° U				
3.	YULK	4-13-88	N-N F				
4.	Y. 1.J.K	4-27-83	NoN3				
5.	5, K-	5-9-95	NUNĒ				
6.	42K	5-23-95	NUNE				
7.	SIK	6-6-95	INO NE				
8.	弘	6-20.40	11 & NE				
9.	516	1-3-9%	NUNE				
10.	SIK	7-18-98	NONE				
11.	SIK	8-1-93	NONE				
12.	SIK.	8-15-98	NONE				

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	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	YUCK	7-22-97	NONE				
2.	Y. H. K	10-6-97	NONE		:		
3.	4,11,16	15-20-97	jine				
4.	۷، ۱۱، ۲۰	11-377	None				
5.	4.A.C	11-17-97	NONE				
6.	Y. A. K	12-1-97	HINE	)			
7.	5. N. 4C	12-15-97	NUME				
8.	4.4.4	12-27-97	NONE				
9.	y A, Y	12-PP	NOME				
10.	KIA.K	1-26-78	NonE				
11.	Y, 11,1C	2-16-P.D	10015				
12.	J. N.K	3-2-78	JU, W				<u> </u>

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	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	J. I.K	4-7-97	N: NE				
2.	Y. H. C	d-4.97	N (NE				
3.	5. Hus	G.36.97	いしんで				
4.	Y. Ih	5.1.39	A sin Z				
5.	YHK	6-2-37	NORT				
6.	Y. HIK	6-16-97					
7.	K. H.K	6.5- 97	N. E				
8.	YII. K	1-14-97	10-12				
9.	y, µ, C	7:4-97	A: 3/4 6-				
10.	Y, 14, K	F-11-97	11.3				
11.	4. AK	j-x 97	ルルモ				
12.	1.16.L	5-8-97	N·NE				

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	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.11. K	10-21-96	NeNE				
2.	4 11.10	11-4-96	NONE				
3.		11-18-36	NexiE				
4.	Yalak	12-2-76	Fighting.	Filher	12-2-9/	122-16	122-16
5.	4 11.1	12-16-96	A. NE				
6.	Y. H.K	12-3- 96	NonE				
7.	Yilk	1-13-97	N. DE				
8.	Y.H.K	1-27-97	N:ÀE				
9.	YIK	2-10-37	Nicht				
10.	Y, H. K	2-24-17	N: 25				
11.	YILK	3-10-97					
12.	Y. H.K	3-24-97	74×14				

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ι.	4.4.14	5-6-36	N. IUE				
2.	Y. H. K	5-20-96	NONE				
3.	Y. H. K	6-3-96	N· N· Z				
4.	Y. H.K	6-17.96	Nic M E				
5.	r., 14.10	7-1-86	NINE				
6.	Y. H. K	7-14-96	NINE	}			
7.	Y. H. K	7-29.96	NUNE				
8.	Y. H. K	2-12-96	No.uE				
9.	YIH.K	J 26.96	NINE				
10.	1. H. K	9.9.96	NONE				ļ
11.	Y. H. K	9-23-96	NONE				
12.	Y. H. K	10-7-96	Hose	Drying	FFX	+4	

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١.	Y.H.K	1-20-95	NONE				
2.	Y. 14. K	12-4-75	NONE				
3.	Y.14.K	12-4-95	NONE				
4.	Y, 11.K	1-2-96	NONE	<u> </u>			
5.	Yillik	1-14-96	N' : N' E				
6.	Y. H.K	1-29-96	NONE				-
7.	Y. H. C	2-12-96	NONE				+
8.		2-26.76	NONE			-	-
9.		3-11-96	NONE			<del> </del>	-
10		3-25-96	NONE				-
11		4-8-96	NONE				
12		4-22-96					

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	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S)  NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.H.K	1.8-85	Novio				
2.	Y.H.(C	6-19-90	NUNE				
3.	Y.H.K	7-3-95	MONE				
4.	Y. H.K	7-17-80	N.N.				
5.	Y.H.K	7-31-84	子がり				
6.	Y.11.10	8-14-3r	Fild	hore	lit	1	
7.	Y.H.C	8-24-85	N:47		,		
8.	YILK	7-11-35	ジング				
9.	Y. H. IC	9-2-9t	いいなぎ				
10.	Y.11,1C	1. 9.75	NOFE				
11.	YIHIK	10-23 PT	No NE				
12.	Y.H.K	11-6-35	日本	here	fixe	ei	

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	NAME	INSPECT	LEAKY COMPONENT(S)		D. D.T.	DART	
	OR INITIALS	DATE (weekly or	NAME (write "NONE" if no	LEAKY COMPONENT(S)	PART ORDER	PART REC'T	REPAIR
	(optional)	biweekly)	leaks are found)	LOCATION	DATE	DATE	DATE
1.	Y.H.IC	12-13-94	10-142				
2.	Y. HIC	12.27-34	10-25				
3.	Y. H.IC	1-9-9-	NONZ				
4.	YHIC	1-23-55	Nont				
5.	Y. H.K	2-6 PT	UNE				
6.	Y. H. K	2-22-35	None	)			
7.	THK	3-13-35	Der Gastet		clised	-tiskity	3-13-7
8	YILL	3-27-75	NINE			/	
9.	YHK	4-10 95	NINT				
10.	Y.H.K	4-24.35	None				
11.	Y, U, K	ナーターディ	Fileter	hije Granit	fixe	<u>(</u>	←-\$-3r
12.	Y. 11,1C	4-22-95	10 = 100				

#### MONITORING LOG FOR REFRIGERATED CONDENSER (RC)

		FOR A TRA	NSFER MACHII	NE WASHER	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
			TEMP, °C or °F	TEMP, °C or °F	
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1'	TEMP2 <sup>‡</sup>
1.	6-16-2001				45
2.	5-30-2-01				45
3.	7-14-2001				45
4.	7-28-2001				46
5.	6-11-2001				45
6.	7-20-2001 6-11-2001 6-25-2001				45
7.	1-6-2001				44
8.	9-22-2001				44
9.	9-22-2001 10-20-2001				45
10.	10-20-2001				45
11.					
12.					
13.					
14.					1
15.					
16.					
18.				·	
19.					
20.					

7=

Cipyan

<sup>\*</sup> See back page for monitoring instructions.

TEMPI = INLET TEMP - OUTLET TEMP. TEMPI must be equal to or greater than 20°F.

TEMP2 must be equal to or less than 45°F.

		FOR A TRA	NSFER MACHIN	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER	
			TEMP, °C or °F	TEMP, °C or °F	
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1	TEMP2 <sup>†</sup>
1.	9-30-2000				45
2.	10-14-00				45
3.	10-28-2000				45
4.	11-11-2000				44
5.	11-25-2000				45
6.	12.9-200				45
7.	12-23-2000				44
8.	1-6.2001				45
9.	1-20-2001				44
10.	2-3-2001				45
11.	2-17-2001				46
12.	3-3-2001				45
13.	3-17-2001				45
14.	3-31-2001	_			45
15.	1 1				44
16.	4-7-2001				45
18.	5-5-2001				44
19.	5-19-2001				45
20.	6-2-2001				44

<sup>\*</sup> See back page for monitoring instructions.

\* TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

<sup>&</sup>lt;sup>2</sup> TEMP2 must be equal to or less than 45°F.

		FOR A TRA	NSFER MACHIN	VE WASHER	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
			TEMP, °C or °F	TEMP, °C or °F	
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1	TEMP2
1.	1-7-2000				45
2.	1-22-2000				45
3.	2-5 - 2000				45
4.	2-19- 2000	-			44-
5.	3-0-2000	·			45
6.	3-18-2000				46.
7.	4-1-2000				45
8.	1-15-2000				46
	4-29-2000				45
10.	513,2000				45
11.	5-27-2000				45
12.	6-10-2000				46
13.	6-24-2000				45
14.	7-8-2000	ì			45
15.	7-22-2000				46
16.	6-5-2000	·			45
	6-19-2000				45
	9-2-2000				45 45 45
20.	9-16-2000				45

<sup>\*</sup> See back page for monitoring instructions.

\* TEMP1 = INLET TEMP - OUTLET TEMP1. TEMP1 must be equal to or greater than 20°F.

<sup>\*</sup> TEMP2 must be equal to or less than 45°F.

		FOR A TRA	NSFER MACHIN	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER	
			TEMP, °C or °F	TEMP. °C or °F	
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1	TEMP2
1.	4-17-99				45
2.	5-1-99		-		45
3.	5-15-99				44
4.	5-79-99				44
5.	6-17-99				46 45
6.	6-26-99				45
7.	7-10-99				45
8.	7-24-99				44
9.	8-7-99				44
10.	6-21-97				44
11.	9-4-99				45
12.	9-18-99				4
13.	16-2-99				45 45
14	10-16-99				1 45
15.	5-70-99				
16.	1-1				44
18.	11-27-99				44
19	12-11-99				45 45
20.	12-24-99				45

<sup>\*</sup> See back page for monitoring instructions.

TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

<sup>&</sup>lt;sup>2</sup> TEMP2 must be equal to or less than 45°F.

		FOR A TRA	NSFER MACHIN	NE WASHER	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
			TEMP, °C or °F		TEMP, °C or °F
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1	TEMP2 <sup>‡</sup>
1.	7-18-98			27	44
2.	8-1-98			26	46
3.	8-15-90			27	43
4.	0-29-90			27	44
5.	9-12-90			26	45
6.	9-26-98		•		46
7.	10-10-98				45
8.	10-24-98				52
9.	11-14-98				46
10.	11-28-98				44
11.	12-12-90				46
12.	12-26-90				45
13.	1-9-99				45
14.	1-23-99				44
15.	2-6-99				44
16.	2-20-99				45
18.	3-6-99				45
19.	3.20-99				44 45 45 44 46
20.	3-20-99				4.6

<sup>\*</sup> See back page for monitoring instructions.

TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F

TEMP2 must be equal to or less than 45°F.

		FOR A TRA	NISSED MACUIN	NE WACHED	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
a.		FOR A TRANSFER MACHINE WASHER			
<b></b>	TEST	INLET	TEMP, °C or °F		TEMP, °C or °F
ļ	DATE	ТЕМР	ТЕМР	TEMP1	TEMP2 <sup>‡</sup>
1.	11-17-97			28	45
2.	12-1-87			27	48
3.	12-15-77		·	27	45
4.	12-29-97			28	44
5.	1-12-98			27	4+
6.	1-26-98			28	45
7.	2-2-98			27	4%
8.	2-16-78			2-8	u L
9.	2-23-98			24	45
10.	3-2-88			27	45
11.	3-16-PA			71	is L
12.	7.3 P8			2(-	43
13.	4-15-75			2]	44
14.	4-27-25 1			24	45
15.	5-9-9:			26	45
16.	5-23-96			25	4.3
18.	6-6-95			20	44
19.	6-20 - 90			27	44
20.	7-4-9:			25	45

See back page for monitoring instructions.

TEMP1 = INLET TEMP - OUTLET TEMP1 must be equal to or greater than 20°F.

TEMP2 must be equal to or less than 45°F.

#### MONITORING LOG FOR REFRIGERATED CONDENSER (RC)

		FOR A TRA	NSFER MACHII	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER	
			TEMP, °C or °F		
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1'	TEMP2 <sup>‡</sup>
1.	2-24-97			27	45
2.	3-10.97			27	44
3.	3-24.97			2.1	45
4.	4-7.97		<del></del>	27	45
5.	4-21.97			28	44
6.	4-64-97			27	44
7.	6-19-97			28	44
8.	1-2-87			ود ز	41
9.	6-16-97			28	44
10.	(-30-37			2)	4:-
11.	7-14-37			<u> </u>	45
12.	1-4-97			<u>+</u>	47
13.	8-11-77			73	45
14.	F-25-97			2.8	44
15.	7-3-77			عم	44
16.	7-22-97			ور	+5
18.	10-6-77			27	44
19.	10-20-97			28	45
20.	11-3-97			27	45

<sup>\*</sup> See back page for monitoring instructions.

IL 532 2332

APC 479 Rev. Nov-96

TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

TEMP2 must be equal to or less than 45°F.

		FOR A TRA	NSFER MACHIN	NE WASHER	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
			TEMP, °C or °F	TEMP, °C or °F	
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1 <sup>†</sup>	TEMP2 <sup>;</sup>
1.	9-11-95			27	45
2.	9-21-95			24	45
3.	10 9.95			27	45
4.	10-23-91			27	44
5.	11-6-95			عد ا	άψ
6.	11-20-95			27	<i>4</i> <del>\</del>
7.	12-4-95			27	ij¢.
8.	12-17-95			28	45
9.	1-2-96			26	45
10.	1-15-96			28	45
11.	1-29-91			27	ψψ
12.	2-12-96			27	45
13.	2-26 96			2.4	44
14.	3-11-76			1 27	44
15.	3-25-91			27	45
16.	4-3-96			27	45
18.	4-22-96			23	44
19.	5-6-36			ود	45
20.	5-20-96			29	45

<sup>\*</sup> See back page for monitoring instructions.

TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

TEMP2 must be equal to or less than 45°F.

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OF RECLAIMER	
	-		TEMP, °C or °F	:	TEMP, °C or °F	
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1	TEMP2	
1.	6-3-96			27	44	
2.	6-17-96			17	41	
3.	7-1-96	······································		2.8	45	
4.	7-15-96			27	44.	
5.	7-29-96			28	45	
6.	8-12-96			2-}	44	
7.	8-26-96			27	45	
8.	9-9-96			27	45	
9.	9-23.96			<u>پر</u>	44	
10.	10-7-96			28	4+	
11.	10-21-96			28	47	
12.	11-4-76			رد	45	
13.	11-17-96			24	44	
14.	12-2-96	-		27 !	45	
15.	12-16-76			27	44	
16.	12-30.96			24	44	
18.	1-13-96			27	44	
19.	1-27-96			27	45	
20.	2-10-76			ンフ	45	

<sup>\*</sup> See back page for monitoring instructions.

TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

TEMP2 must be equal to or less than 45°F.

		FOR A TRA	INSFER MACHIN	VE WASHER	FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
			TEMP, °C or °F	·	TEMP, °C or °F
	TEST DATE	INLET TEMP	OUTLET TEMP	TEMP1 <sup>†</sup>	TEMP2 <sup>‡</sup>
1.	12-13-94			27	43
2.	12-27-74			2F	44
3.	1-9-9-			4	44
4.	1-23-95			27	44
5.	2-6-35			ᆦ	43
6.	2.20-95			2f	44
7.	2-13-95			27	45
8.	3-27-35			J.f	41
9.	4-12-95			2.3	44
10.	4-24-35			29	45
11.	5 8.95			2 <del>.</del>	44
12.	(-12-35			79	4,-
13.	6- 5-95			لد	44
14.	0-1911			4	45
15.	1-3 95			<u>1</u> }	44
16.	7-17-55			4	44
18.	7-31-95			73	44
19	7-14-75			<u> </u>	45
20	3-21-75			24	4+

<sup>\*</sup> See back page for monitoring instructions.

TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

TEMP2 must be equal to or less than 45°F.

# PERC PURCHASE LOG

# FOR FIRST 12 MONTHS OF RECORDKEEPING

# PLEASE NOTE THE FOLLOWING

- 1. DATE OF ENTRY should be the first WORKING day of every month.
- 2. AMOUNT PURCHASED is the sum of the volume of all perc purchases made in the prior month. If no perc purchases were made in a given month, emer zero gallons
- 3. 12-MONTH TOTAL FROM \_/\_ TO \_/\_ is the period of 12 months preceding the
- 4. 12-MONTH TOTAL is the sum of the volume of all perc purchases made in each of the
- 5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF	DATE OF ENTRY	AMOUNT PURCHASED (gallons)	12-MONTH TOTAL FROM _/_ TO /	12-MONTH TOTAL (gallons)
	PURCHASE			+	
1.				<del></del>	
2			X		
3.		+	7_		
4.		+		-	-
5.		7/1/	50 0		-
6.	Jun.		15		
7	Jul .	8/1	10	2	A THIE
1	Aug	5//	-	0 14 9	
1	SEP	10/1		5	
1	o. Cct	111,		10	
1	I ktori	124	/	0 1	
1-	11.   Qev	1/2	159		4

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<sup>&</sup>quot; See back page for sample entries.

# PERCHLOROETHYLENE (PERC) DRY CLEANER PERC PURCHASE LOG

## FOR AFTER FIRST 12 MONTHS OF RECORDKEEPING®

### PLEASE NOTE THE FOLLOWING

- 1. DATE OF ENTRY should be the first WORKING day of every month.
- 2. AMOUNT PURCHASED is the sum of the volume of all perc purchases made in the prior month. If no perc purchases were made in a given month, enter zero gallons as the amount purchased for that month.
- 3. 12-MONTH TOTAL FROM \_/\_ TO \_/\_ is the period of 12 months preceding the current month.
- 4. 12-MONTH TOTAL is the sum of the volume of all perc purchases made in each of the previous 12 months.
- 5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF PURCHASE	DATE OF ENTRY	AMOUNT PURCHASED (gallons)	12-MONTH TOTAL FROM _/_ TO _/_	12-MONTH TOTAL (gallons)
1.	Jan . 99	2///89	10		
2.	Feb	31/	0	411	
3.	Mr	- 41,	10		7 7
4.	Apr	51,	10		
5.	May	6/,	0	98/6 - 99/5	80
6.	Jun	7/,	20	98/7 - 99/6	100
7.	Jul	67/	b	98/8-99/7	85
8.	Aus	31,	0	98/9-99/8	15 :
9.	Cer	10/1	0	8410-3919	65
10.	Crt	411	20	58/11-99/10	60
11.	Nev	12/1	٥	88/12-59/11	10
12.	Doc	1/2/00	0	891, - 891,-	70

See back page for sample entries.

10+10+10+20+20 = 70

# PERCHLOROETHYLENE (PERC) DRY CLEANER PERC PURCHASE LOG

## FOR AFTER FIRST 12 MONTHS OF RECORDKEEPING

### PLEASE NOTE THE FOLLOWING

- 1. DATE OF ENTRY should be the first WORKING day of every month.
- AMOUNT PURCHASED is the sum of the volume of all perc purchases made in the prior month. If no perc purchases were made in a given month, enter zero gallons as the amount purchased for that month.
- 3. 12-MONTH TOTAL FROM \_/\_ TO \_/\_ is the period of 12 months preceding the current month.
- 4. 12-MONTH TOTAL is the sum of the volume of all perc purchases made in each of the previous 12 months.
- 5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF PURCHASE	DATE OF ENTRY	AMOUNT PURCHASED (gallons)	12-MONTH TOTAL FROM _/_ TO _/	12-MONTH TOTAL (gallons)
1.	JAU - 00	2-1-00	20	94/2 - 00/	80
2.	FEB - 00	3-1-00	0	99/3-00/2	80
3.	MAR - 00	4-1-00	. 20	99/4 - 00/3	90
4.	XPR - 00	5-1-00	.0	99/5-00/4	80
5.	MAY - 00	6-1-00	20	99/6 - 00/5	100
6.	JUNE- 00	7-1-00	20	99/7 - 00/6	100
<b>7</b> .	JULY-00	8-1-0	O	99/8-00/7	100
8.	AUG00	9-1-00	0	99/9-00/8	100
9.	SED -00	10-1-00	0	99/0-10/9	100
10.	OGT00	11-1-00	0	99/1-00/10	ક૦
11.	HOV 00	17-1-00	. 20	99/2-0%	100
12.	DEC - 00	1-1-01	0	00/1 - 00/12	100

See back page for sample entries.

# PERCHLOROETHYLENE (PERC) DRY CLEANER PERC PURCHASE LOG

## FOR AFTER FIRST 12 MONTHS OF RECORDKEEPING

#### PLEASE NOTE THE FOLLOWING

- 1. DATE OF ENTRY should be the first WORKING day of every month.
- AMOUNT PURCHASED is the sum of the volume of all perc purchases made in the prior month. If no perc purchases were made in a given month, enter zero gallons as the amount purchased for that month.
- 3. 12-MONTH TOTAL FROM \_/\_ TO \_/\_ is the period of 12 months preceding the current month.
- 4. 12-MONTH TOTAL is the sum of the volume of all perc purchases made in each of the previous 12 months.
- 5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF PURCHASE	DATE OF ENTRY	AMOUNT PURCHASED (gallons)	12-MONTH TOTAL FROM _/_ TO _/	12-MONTH TOTAL (gallons)
1.	JAN-01	1-1-01	0	00/2 -01/1	80
2.	FAB-01	3-1-01	20	00/3-01/2	100
	MARCHOI	4-1-01		00/4 - /3	80
	ADRIL 101	5-1 -01	O	00/5 - 01/4	80
5.	MA-5-01	6-1-01	40	00/6 -01/5	100
6.	JUNE - 01	7-1-01	0	60/7-01/6	80
7.	JULY -01	8-1-01	0	00/6-01/7	80
8.					
9.					
10.					
11.					
12.			-		

<sup>\*</sup> See back page for sample entries.



Scent Layer Division Gary, IN (219)949-9794

TO One-Hour Cleaners
James Ewal

1 55 Mod Core
Devices Core
2 555 FARER

2 545 FARER

MATERIAL:

Shire Morris Carrier

James Kwak

2085 Mapolio Avec

Emwhens Grove, II, 60515

## INVOICE

Route Specialists #

Invaice Date

Manifest # = -7 -> >

3-1-97

The draw of the analysis of the state of the

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	_ Invoice #
AAD TRUCK	1/2 /0 00	9	SO D	·C		Amount \$ .	
Special Instructions:							
Quantity			Description	on		Unit Price	Amoun
	Officered Split Large Edgeth Provided Digume	TOTAL STATE	se Ozela Zantribb Maebilio Bd (31%)	i feferen mas (3 % ) for a 4 f	X 9 172"; 10 174";	71 VF 72 72 87 87 87 87 87 87 87 87 87 87 87 87 87	
ing operation and it has ship of above describ- er purpose deemed ble to make payment itements will be sent. ( es. The charge for this AAD 1.75% interest po	aste described o as been package edmaterials are to appropriate. Get at the time of sen Senerator hereby s additional servicer month on all pri ing collection cos	ed in accordance ransferred to trans invitation understar video generator will y asks AAD to mail to is \$3.00 per remast due invoices. Il ist, court cost and de invoices and	ifest is Waste 1 with transporter porter for the punds that all accill make full pater the generator princer princer potice punt the event of attorney fees. A	Tetrachloroethyle or's specification. urpose of recyclin counts are on C. nent within 10 do a monthly remino er month per invo default the gener AD certifies it is pe	ne generated by dry- fnis also certifies that all g, incineration, disposal O.D. basis. If no one is so of the date of service- der notice on all unpaid sice. Generator agrees ator also agrees to pay ermitted by appropriate		
Customer Signat		ase pay from	this invoice	20"	<del></del>	TOTAL	\$

INVOICE

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Route Specialists #

Invoice Date

Manifest #

2-7-54

Visit Cares Division Care, IM 2019/949-8004

Produce Robert Charles of State of Stat

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The management of the property of the off Symplement of the consent of the off MENGLER OF THE MAP SOUTH

Shipped Via Last Pickup Service Cycle Loading Terms Payment Paid by Check # Invoice # Paid by Cash Amount

Speazi Instructions Unit Price Quantity Amount Description Coarly Drive Reputes Paa Streeting & Rillian Contradence 17. Smith Filter Cartitleped (1) x 9 1/5% the grade of the control of the cont L. Partit Marka  $T(t_1,\ldots,t_n) \in \mathcal{T}$ Partieum Prolondroug 19154 Market Commence of the Commence of GENERATOR CERTIFICATION Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by drydeaning operation and if has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. to statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AD any and all costs including collection costs, court cost and attorney tees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature:

\*\* Please pay from this invoice\*\*

No statement will be sent — \*hank You

TOTAL

\$



Freet Lakes Citision Gary, IN 13191949-6704

TO Conce-Hour Cleaners Lengs Funk

e distribuit ave The transport waters The transport

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O tapapa desve, TL 6015

# INVOICE# 16-3

Route Specialists #
Manifest # 73595

9-2-9

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check #	invoice #
AAD TRUCK	100/ / 20	1 27 E				Amount \$ .	1
Special Instructi	ions:		·	<del></del>	<del></del>	<u></u>	
Quantity			Description	an		Unit Price	Amount
preaning operation and pamership of above detains other outgoing deal available for make Eday No statements will be sentiones. The charge for pay AAD 1.75% interests	GE  St. Asster described at that been backed scribed materials are men at the time of seeing the control of the	NERATOR CER on attached man ged in accordance intransterred to trans enerator understal rivice generator wi ov asks AAC to mail ince is \$3.00 per rem past due invoices: josts, court cost and	RTIFICATION  TO THE STATE OF TH	N Tetrachloroethyleters specification: 1 Tetrachloroethyleters specification: 1 Tetrachloroethyleters specification: 1 Tetrachloroethyleters of the counts are on C. The counts a		S YR S A BA S MA S CA S BA	
Customer Sig							
		ease pay fron				TOTAL	\$
	No s*c	grement will be s	ert Indri	k You		1	

**AAD Disposal** 



2306 E. 38th St. Vernon, CA 90058 (213) 582-5900

INVOICE #

oute Specialists # (<,7)<<

Invoice Date

Manifest #

								·
Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash		Invoice #
AAD TRUCK	//.		,			Amount \$	•	190000
Special Instructions	s:				-			
Quantity	<u> </u>		Description	on		Unit Price		Amount
	YEARLY DRUK	M SERVICE FEE				<b>8</b>	YR.	<b>\$</b>
• ,	R S J WAS	TE FILTER CARTE	RIDGE(S) PICK	ED UP		\$	EA.	\$
	R 9 J WAS	TE FILTER CARTE	RIDGE(S) PICK	ED UP		1.	EA.	1
	GALLON(S) OF	F WASTE LIQUID :	STILL RESIDUI	E PICKED UP			GAL.	•
•		F WASTE POWDE					GAL	1
	1			A(S)	80XE8	•	EA.	8
	MINIMUM SER	VICE FEE						•
					·.	23,-	-	
								ì
								٠
ning operation and if the state of above described in the purpose deemed able to make payment attements will be sent as. The charge for the yAAD 1.75% interest in the sent as the charge for the yAAD 1.75% interest in the sent as the charge for the sent as the sent as the charge for the sent as th	waste described of has been package bed materials are to appropriate from the time of sent Generation nervolves month on all polymer month on all polymer accept your ary in accept your accept your ary in accept your ary in accept your ary in accept your	ed in accordance in accordance in accordance in ansignator understan index, and a secondary will be seen as AAD to mail to a SE 00 per remast aue invoices in its court cost and a	ifest is Waste 1 with transporter for the purios that all act make full payr the generator inder notice purion the event of attorney fees. A	letrachioroethyle it's specification. irpose of recyclin counts are on C nent within 10 da a monthly remind er month per invol default the genet AD certifies it is pe	ene generated by dry- This also certifies that all g, incineration, disposal ,O.D. basis. If no one is ys of the date of service, der notice on all unpaid oice. Generator agrees rator also agrees to pay ermitted by appropriate			
Justonner orgine	· · Pled	ase pay from			<del></del>	TOTAL		\$
	140 State	ement will be se	ent Thank	You		<u> </u>		

## AAD Disposal



P.O. Box 58525 2306 E. 38th Street Vernon, CA 90058 Tel: (213) 582-5900

Great Lakes Division Gary, IN (2191949-8784]

70:One-Hour Cleanecs James Kyak ngan Maple gas. Download Greve, II 70515

7/10 / ちご 5月76/

MATERIAL

Something Oberman

Timest Kodali

mist Maple 370

Francis Grove, FL 50515

## INVOICE #

Route Specialists #

Manifest # 257

227-96

State Generator #04707000 0 ACCOUNT NO. TOBSEL 14 19 Time to a contract of EPA NO. MAP PAGE

799-652-7670 Last Pickup Shipped Via Service Cycle Loading Terms Payment Paid by Check # Invoice # Paid by Cash **AAD TRUCK** Amount C **}**:.. Special Instructions Quantity Unit Price Amount Description Yearly Down Service Fee Standard Filter Cartridges  $E\Lambda$ Splitt Filter Cartridges (13 x 9 1/2")

Large Bultur Cartridges (13 x 18 1/4") Liquid Wasto CAPowder CAI Drum: Delivered (Size EL

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by arycleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is evailable to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid nvoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices, in the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and afforney fees, AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste

Customer Signature:

"Please pay from this invoice" No statement will be sent . . . Thank You

TOTAL

\$

Route Specialists #

NVOICE #

Manifest # . 7~ /

11-19-66

The One-Hour Cleaners James Kwak 1075 Marolin Ave Třiownista Grove, II. 30515 744-452-7570

State Generator to 1303-88003 罗纳纳克尔 医二苯二酚 ACCOUNT NO MPA NO. 11月19日4日( MAP PAGE

YETLING!

Cries Hours Classifier

Reat Lakes Division Gacy, IN (219)949-0704

James Kwak

3265 Maria Ava.

Nowhert Grove, IL 60515

703-250-7670

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check #	Involce #
AAD TRUCK	5/ 7/3 05		G R.	C		Amount \$ .	<b>1,</b> • 11 ·

Special Instruction: Quantity Armount Description **Unit Price** Yearly Drum Service Fee \$ YR Standard Filter Cartridges EA Split Filter Cartridges (13 x 9 1/2") Ea Gaste Policer Cartridges (13 x 18 1/4") 3  $E_{i}$ Liguid Waste 3 Transfer ! CMIDrumu Delivered (Size \$ BA Ministra Corvido Pos **GENERATOR CERTIFICATION** Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dryateaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all own essnip of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis, if no one is evaluable to make payment at the time of service, generator will make full payment within 10 days of the date of service, To statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid nvoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees, AAD certifies it is permitted by appropriate governmental agencies to accept your ary cleaning Tetrachloroethylene Waste.

Dustomer Signature:

\*\* Please pay from this invoice\*\*

No statement will be sent Thank You TOTAL



Great Lakes Bivision Gary, TH (2191949-9784

TO:One-Hour Cleaners James Kwak

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P.O. Box 58525 2306 E. 38th Street Vernon, CA 90058 Tel: (213) 582-5900

(213) 562-5900

Description

INVOICE #

Route Specialists #

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HIVOICE CAN

Manifest #

4-2-01

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**Unit Price** 

Amount

MATT THE

Special Instructions

Quantity

Charles Mush James Mush 2005 Martin Avo Downers Goove II (0515

To appropriate two 18th Confirs

748 377 1078

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	3/ 3/ 9ê	or	C 4.	7		Amount \$ .	er for egge

Yearly Drum Service Fee VE $E \cap$ Standard Filter Cartridges 展品 Split Filter Cartridges (13 × 9 1/2") Lacgo Piltor Cartitidges (1) ប 18 1/4") Limits Walte Property  $f^{-}$ Dirimit Dellivered 18122 Minimum Sarryer & Now GENERATOR CERTIFICATION Senerator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by drycleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to day AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and afformey fees, AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste. omer Signature: " Please pay from this invoice" TOTAL \$ No statement will be sent. Thank You



Route Specialists #

Manifest # -7-7-72]

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Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check #	invoice #
AAD TRUCK		34 3 4	G 7	.~		Amount \$ .	
Special Instructi	ons		*	<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>

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2306 E. 38th St. Vemon, CA 90058 (213) 582-5900 Gary, IN (219) 949-0704

INVOICE #

44726

Route Specialists #

Invoice Des

TO: One-Hour Cleaners

James Fuak

2248 Mightle 7 is

Powers to Grow , 11 HOSE

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Manifest #

ACCOURT NO TRANSPORTS

BPA W

MAP PAGE

MAILING:

- One-Hour Cleanect

James Ewak

2265 Marte Ave

Downers Grove, IL A0515

708-91-12675

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check Paid by Cash _	<i>-</i>	Invoice #
AAD TRUCK	hr. 1/2 1/2	(A) 1	0 0			Amount \$		1 : : :
Special instruction	ons:							
Quantity			Description	on		Unit	Price	Amount
	YEARLY DRUM	SERVICE FEE				•	YR.	<b>.</b>

 YEARLY DRUM SERVICE FEE			\$	YR.	\$	
 R S J WASTE FILTER CARTR	IDGE(S) PICKED UP		\$	EA.	\$	
 R S J WASTE FILTER CARTR	IDGE(S) PICKED UP		\$	EA.		•
 GALLON(9) OF WASTE LIQUID S	ITILL RESIDUE PICKED U	<b>P</b>	\$	GAL.	8	
 GALLON(S) OF WASTE POWDER	R RESIDUE PICKED UP		\$	GAL.	\$	
 #5 BUCKET(S)	#55 DRUM(S)	BOXES	\$	EA.	8	
 MINIMUM SERVICE FEE		رم د	<del></del>			
<u> </u>	/	. / /			ļ	

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by drycteaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all awnership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator nereby asks AAD to mail the generator a monthly reminder notice on all unpaid avaices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and afterney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature:

\*\* Please pay from this invoice\*\*

No statement will be sent ...... Thank You

TOTAL

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**AAD Disposal** 



2306 E. 38th St. Vernon, CA 90058 (213) 582-5900

INVOICE #

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Manifest #

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Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash		Invoice #
AAD TRUCK	/ . / ·				-	Amount \$	•	19034
Special Instruction	us.							· 
Quantity		<del> </del>	Descript	lon		Unit Price		Amount
	YEARLY DRU	M SERVICE FEE				\$ 10. 41	YR.	\$
	R S J WAS	STE FILTER CARTI	RIDGE(S) PICX	CED UP		\$	EA.	\$
	R S J WAS	STE FILTER CARTI	RIDGE(S) PICX	(ED UP			EA.	8
	GALLON(S) O	F WASTE LIQUID	STILL RESIDU	JE PICKED UP		<b>!</b> :	GAL.	\$
	GALLON(S) O	F WASTE POWDE	R RESIDUE PI	ICKED UP		1.	GAL.	<b>s</b> ,
	#5 BUCKET(S	)	_ / #55 DRU	M(S)	BOXES	1 07 66	EA.	
_	MINIMUM SEF	MCE FEE						
					i .	P5,-		
	GE	NERATOR CER	RTIFICATIO	·N				
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Customer Sign	nature:	ease pay from	n this invol	ice**	·	TOTAL		
		tement will be s		nk You		TOTAL		\$



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Last Pickup

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Route Specialists #

Invoice Date

Manifest # 121378 11-7-90

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Invoice #

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Paid by Check # \_

APPLICATION  Special instructions  Quantity  Description  Unit Price  Amount  S  OFFICE ACTION  Color certifies that waste described on anactived manifest at Waste Tetrachiar certifies that all and occurred an accordance with insuborier is specification. This is to certifies that all and occurred and accordance with insuborier is specification. This is to certifies that all and occurred anactived manifest at waste to be provided and accordance with insuborier is specification. This is to certifies that all and occurred anactived manifest and accordance of the purpose of the price of the purpose of the price of the purpose of the	Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check #	Invoice #
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GENERATOR CERTIFICATION  rator certifies that waste asscribed an artisched and the state of the	Special Instruction	15:						
GENERATOR CERTIFICATION  rator certifies that waste described on attached manifest a Waste Tetrachloroethylene generated by drying operation and it has been packaged in accordance with transporter's specification. This also certifies that all sho of above described manifest agent to the purpose of recycling, incineration, disposal er purpose deemed appropriate "Sensition" understands shard all deemed appropriate "Sensition" understands shard all accounts are on C O D based. If no one is bie to make payment of the time of service, generator will make full polyment within 10 days of the date of service.	Quantity			Descriptio	n		Unit Price	Amount
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2306 E. 38th St. Vernon, CA 90058 (213) 582-5900 Gary, IN (219) 949-0704

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Route Specialists #

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HAP PAGE

MAILING

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TO-One-Hour Cleaners

Janes Twak Tip Biological Company

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Ensympte Riove, IL 605)5 77474 - 445 Y - 776 778

Shipped Via Last Pickup Service Cycle Loading Terms Paid by Check # Invoice # Payment Paid by Cash **AAD TRUCK** Amount 5 303,00

Quantity	Description	<b> </b>	Unit Price	Amount
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_`	R S J WASTE FILTER CARTRIDGE(S) PICKED UP		EA.	•
	GALLON(S) OF WASTE LIQUID STILL RESIDUE PICKED UP		GAL	•
	GALLON(S) OF WASTE POWDER RESIDUE PICKED UP		GAL "	•
	#5 BUCKET(S) #55 DRUM(S) BOXES		EA.	
	MINIMUM SERVICE FEE			<b></b>
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	And the second of the second types			45 .
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Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dryelecting operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and afformey fees, AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

GENERATOR CERTIFICATION

Customer Signature:

\*\* Please pay from this invoice\*\* No statement will be sent. Thank You

TOTAL

## · AAD Disposal

Great Lakes Division



Pong Pak

TO: One-Hour Cleaners

708-852-7570

21 W. 265 Maple Ave. Downers Grove, IL 60515

2306 E. 38th St. Vernon, CA 90058 (213) 582-59002191949-0704

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Route Specialists # と介 ご

4-61.

State Generator #04303000000

FPA NO. MAP PAGE

ACCOUNT NO. 7088527579 ILD98483282% MAF-1, 9 DU 80 PAGE-28

MAILING:

One-Hour Cleaners Pong Pak 21 W. 265 Maple Ave. Downers Grove, IL 60515 . 708-852-7670

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment -	Paid by Check # _ Paid by Cash		Invoice #
AAD TRUCK	1/2 2 / 93	8-WK,=	GR			Amount \$	•	ಕ್ಕಣ
Special Instruction	s: # 200							
Quantity			Descripth	ол		Unit Pri	C#	Amount
Generator certifies that of cleaning operation and it ownership of above description of the purpose deeme cvailable to make payme No statements will be sent invoices. The charge for it is pay AAD 1.75% interest AAD any and all costs including the charge for the	GEN  waste described or has been package ibed materials are true appropriate. Gernt at the time of service per month on all por month on all p	ERATOR CER attached manid in accordance ansterred to transi- nerator understan- ice, generator will asks AAD to mail e is \$3.00 per rem ist due invoices. !r	TIFICATION riest is Waste with transporter for the penetration and the event of the	ED UP ED UP EPICKED UP CKED UP M(S) Tetrachloroethyle is specification. urpose of recyclin counts are on C ment within 10 da a monthly remine er month per invide authority in the cener	This also certifies that all g, incineration, disposal .O.D. basis. If no one is ys of the date of service, der notice on all unpaid bice. Generator agrees rator also agrees to pay	\$ 77.77 \$ 3.77 \$ 3.77	YR. EA. EA. GAL GAL EA.	\$
governmental agencies t Customer Signo	o accept your ary o	cleaning Tetrachi	oroethylene W	caste.		TOTA		\$

## · AAD Disposal

Great Lakes Division

16-14



2306 E. 38th St. Vernon, CA 90058 (213) 582-5900<sub>219</sub>) 949-0704

## INVOICE

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involce #

Route Specialists # 6

Invoice Date

4-61.

Manifest # >> 1 - < ...

State Generator #04303000\_0

ACCOUNT NO. 7088527670 EFA NO. ILD9848326

MAP PAGE

Payment

7088527670 ILD984832626 MAF-1, 9 DU FG

PAGE-18

Paid by Check # \_

TO:One-Hour Cleaners
Fong Pak
21 W. 265 Maple Ave.
Downers Grove, IL 60515
708-852-7670

MAILING:

Shipped Via

One-Hour Cleaners Pong Pak 21 W. 255 Maple Ave. Downers Grove, IL 60815 708-352-7670

Service Cycle

No statement will be sent.

Loading

Last Pickup

				İ		Paid by Cash		<u> </u>	
AAD TRUCK	1/2 27 93	8-WK/=	GR			Amount ,\$	•	334	77
Special Instruction	ons: ≄ Zwo								
Quantity			Descripti	on		Unit Pr	rice	Amoun	
Quantity	R S J WAST  GALLON(S) OF  GALLON(S) OF	E FILTER CARTR E FILTER CARTR WASTE LIQUID S WASTE POWDE	IIDGE(S) PICK IIDGE(S) PICK STILL RESIDU R RESIDUE PI	ED UP ED UP E PICKED UP CKED UP	BOXES	### Unit Pr	YR. EA. EA. GAL. GAL. EA.	\$ 7 3 4 7 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-
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Casion let sigi	10101C	se pay from				TOTA	L	\$	

Thank You

Terms

**AAD Disposal** 



2306 E. 38th St. Vernon, CA 90058 (213) 582-5900

## INVOICE #

Route Specialists # 1/2/0 3

Invoice Date

Manifest # / / / / / /

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check #	_ Involce #
AAD TRUCK	7/3/-	2	)e	100		Amount	
Special Instruction	15			<del> </del>			<del></del>
Quantity			Descripti	lon		Unit Price	Amount
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Customer Signo	ature:	ase pay from	this invoice	ce"		TOTAL	s

2265 Haple Ave. Douners Grove, It 68515

In accordance with Title 40, Code of Federal Regulations section 262.20 (c) and part 263, sub-part 8, section 253.12. "The manifest system", sub. section (h). A transporter transporting hazardous waste need not comply with requirements this section or those of 253.22 provided that:

(1) The waste is from a generator who generates greater than 100 Kg. (220 LOS) but less than 1000 kg. (2190 LOS)

harandons waste in agreement as provided for in section 252.28 (e).

12) The waste is from a generator that generates less than 100 kg.(210 i85) of mazardous waste in a calendar more. All generators who generate have than 1000 kg. of waste in a calendar month head to use a canifest to sold inal mazardous waste.

#### GENERATOR CERTIFICATION

I am a generator of dry clearing waste and I generate the following in one calendar months:

•	-	•	_		
(177) 	_ X Standard Cartridg	; = <u> </u>	· /Z >>>= 000000000000000000000000000000000		
	_ f Split Centriage	= 1 25 pounds	200003		
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	_ % \$till 681	= % 10 pounds	<ul> <li>pounds</li> </ul>		
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**************************************	rkrata (533 than 148 salaha hINE than 189 Bing hiashirtaa binsa	ing (IIA 195) but less the most to a replacation ago	947227 us waste per mont han 1986 kg (002) reenent with AAD	Y ) h. (Section & does not apply) [38] of herardous waste per month	
	anin 2000 toa ootulo	erents of 619 total 22,		ins generator le motifying AAO Sistrib	

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Manifest Document No.

Generator's US EPA ID No.

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	1 20 Facility Owner or Operator Ceminication of re		17 Transporter 1 AZknowledgement of Receipt of Material Rinted/Typed Name  18 Transporter 2 Acknowledgement of Receipt of Material R Printed/Typed Name R Printed/Typed Name	GENERATOR'S CERTIFICATION: I packed, marked, and labeled, and a large quantity generator, economically practicable and that I threat to human health and the environment management method that is a medit typed Name	J. Addrional Descriptions for Materials Listed Above E. R. 11-a Solids, 11-b Liquids 1.4-b 1.5-b	<u>.</u>	SWINGS FROM THE SECOND	7 Transporter 2 Company Name  9. Designated Facility Name and Site Address  11. US DOT Description (including Proper Shipping	WASTE MANIFEST  3. Generator's Name and Mailing Address  OING-HOUY CLEARETS  21 VI. 265 Haple IVA. D  4. Generator's Phone Impoil DECLEAR  5. Transporter I Company Name  5. Transporter I Company Name
DO NOT WRITE BELOW THIS	eccipt of hazardous materials covered by this manifest except as noted in them.  Signature		Materials Signature Materials Signature	respects in proper condition for transport by highway active that I have a program in place to reduce the volume cred the practicable method of treatment storage, or cook, if I am a small quantity generator. I have made to me and that I can afford.  Signature	Em ryenry Critart: (2)		errorhylene. 6.1	8 US EPA ID Number  10 US EPA ID Number  11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Downers Grove, II 60515
S LINE.			Mo	by described above by proto applicable federal, state to applicable federal state of waste generated to currently available to me to faith effort to minimize my	(laste x. Handling Codes for Wo 1/14 a. 1/14 a			E. State Transporter's ID  E. State Transporter'S ID  F. Transporter(1775-53:3)  G. State Facility's ID  H. Facility's Phone 12. Companies 13. Total 14. Unit 1.1  No. Type Quantity W1.Vol 1.1	D. Tronsponer's Phone (219
(	Month Day Yes		Month Day Yea	pper shipping name and are classified, and international laws.  of the degree I have determined to be which minimizes the present and future y waste generation and select the best of the select the	Woster Listed Above 1/14 1/14 22-5900, (310)840-202	FA/Other  FPA/Other	EPA/Other 1992 State 211 EPA/Other 1992	1042 5353 4 4 4 4 7 7 1 14 Unit 14 Unit 14 Unit 14 Works Number	10 13 13 13 13 13 13 13 13 13 13 13 13 13

UNIFORM HAZARDOUS	Aanifest Docume	nt No.	2. Page 1	Information in the a is not required by
WASTE MANIFEST MINISTERS 26216			of	1
3. Generator's Name and Mailing Address		A) Slate	Monifest Document	DEAU !
Low Horn Chance - Comment There is		B. Stote	Generator's ID	33004
4 Generator's Phone (704) F5 7.				11.11
5. Transporter 1 Company Name - 6. US EPA 1D Number		C. State	Transporter's ID	3
ii.tzgeidh z	1311		POZ1511959-	0704
7 Transporter 2 Company Name 8. US EPA ID Number	<u>'                                    </u>		Transporter's 10/	mico
and the second of the second o	han alah	F. Trons	porter's Phone	210 326
9 Designated Facility Name and Site Address 10_US EPA/ID Number	<u> </u>	G. State	Focility's JD	<u> 318-336</u>
o en la companion de la compan O en en la companion de la comp	′.	A	79177	1 7 1
	7 6 4 7	H. Facili	ly's Phone 213–582–5 <del>9</del>	00
	12. Cor		13. Total	14. Unit
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	No.	Туре	Quantity	Wt/Vol 1. Wa
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	11/	ı	11/20	MEPA+C
Project Communications, 3.1, Un 1667 PGIZE				State 1
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J. Additional Descriptions for Materials Listed Above	<u> </u>	K. Hand	ling Codes for Was	tes Listed Above
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15. Special Handling Instructions and Additional Information	5./			· · · · · · · · · · · · · · · · · · ·
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16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are full packed, marked, and labeled, and are in all respects in proper condition for transport by highways.	ly and accurately ay according to	r described applicable	d above by proper e international and	shipping name and a national government
If I am a large quantity generator, I certify that I have a program in place to reduce the vi	olume and toxic	tu of was	te cenerated to the	descent house det
economically practicable and that I have selected the practicable method of treatment, storage threat to human health and the environment; OR, if I am a small quantity generator. I have a	e, or disposal ci	rrently av	ailable to me which	minimizes the presi
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19 Discrepancy indication Space				

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-	3. Generator's Name and Mailing Address			<u>.ł.</u>	A. State	Monifest Documen	Number _	74070
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-	4. Generator's Phone (** )  5. Transporter 1 Company Name	6. US EPA II	O Number		C Strate	Transporter's ID		
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-	11. US DOT Description (including Proper Shipp		<del>)                                      </del>	7 12. Cå	ntainers	213_592_ 13. Total	i 14. Unit	
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	O. Facility Owner or Operator Certification of	receipt of hazardous materials cov	ered by this manifes	t except as n	oted in Item	n 19.		
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	3. Generator's Name and Mailing Address			Name of the last	M.Number
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1	5. Transporter 1 Company Name	6. US EPA ID Number		A STATE OF THE STA	THE PARTY OF THE P
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1	9. Designated Facility Name and Site Address	10. US EPA ID Number		ne Facility's ID	
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		í	D. Trans	sporter's Phone		115 1 <b>** 1 *</b> 1	٠٠.
7. Transporter 2 Company Name	8. US EPA ID Numb	: Der	E. State	Transporter's ID	<del></del>	·	
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9. Designated Facility Name and Site Ad	ddress 10. US EPA ID Numb	er :	<u> </u>	Facility's ID			
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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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19. Discrepancy Indication Space

Printed/Typed Name

UNIFORM HAZARDOUS	Generator's US EPA ID No.	Manifest Documen	t No.	2. Page 1		n in the shaded at rired by Federal k
WASTE MANIFEST	I L D 0 8 4 3 3 3 6 2[6	5 3 8 6 5	<b>5</b> 1	1 of	is not requ	med by rederan
3. Generator's Name and Mailing Address		<u>- 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>	2:36	Manifest Documen	Numbec	
One-Hour Cleaners						65672
2265 Maple Ave., Down	ers Grove, IL 60515		P. S.	General 9 10	が大き	
4. Generator's Phone (708) 852-75	578			43036	002	8 = 5
5. Transporter I Company Name	6. US EPA ID Number		C. State	Transporter's JD	. L. C.	
AAD Cisposal Co.	1. 人名英西马西普奇		D. Transp	orter's Phone	(213	1949-0794
7. Transporter 2 Company Name	8. US EPA 1D Number		F State 1	romporter's ID		
, wanted a company remains	5. 65 (14.5 (14.6)	**			1627	-31117
			F. Tronsp	orter's Phone ()	<u>, −₹9€=</u>	3352
9. Designated Facility Name and Site Address				Focility's ID	·~ • ~ <del>***</del>	en en en en en en en en en en en en en e
- PAD Gistriburi na R S - paas se saak as	oy Dissour - Wite Tra.		H. Facility	4 Phone	1 4 7	* +
2306 E. 38th St. Vermon da 20070	1 4 4 4 4 4 4 4	.1 -1 1 1	,		(21215	32 <b>-5909</b>
		12. Con	tainers	13. Total	14. Unit	72-3909
11. US DOT Description (including Proper Ship	oping reame, nazara Class, and IU Number)	No.	Type	Quantity	Wt/Vol	I. Waste Number
e. PC Wisher Metak (1951)	oothyleas, 1.3,ThtRFF					State 411
POTIT (17439)			5, 4	1 4 24	4:	EPA/Other FO
b.			-!-		-r-	State 21:
	mechylene, 1.1 MM1397					
PGITI (DOBA)	•		$D_i H$	11111		EPA/Other po
c.	· · · · · · · · · · · · · · · · · · ·		1		1	State
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		.				LIA/ CINET
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15. Special Handling Instructions and Additiona	al Information Energy Lay Contact:	(200) 3056	021.6	2191949-9		13)353-53
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	y declare that the contents of this consignment are fu					
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Printed/Typed Name	Signature		-		Mon	th Day
17.		<u> </u>	<u></u>			
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1	One-Hour Cleaners			167810			L.
	2265 Maple Ave., Down	ers Grove, IL 60515					
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	AAD Disposal Co.	I N D 9 8 4	121,131,141,141	D. Transp	porter's Phone	(219	949-07
7	7. Transporter 2 Company Name	8. US EPA ID Number	r	E. State	Transporter's ID		-:
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	2306 A. 38th St.	•		H. Focility	y's Phone		-
	Marmon, AN GAARS		12 C	enine e	13. Total	(21315)	32-5909
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	- My,Maste,Tetradolor -PGIIT (D009)	oethylene, 6.1,UN1397		p. u		<b>↓</b> 2	EPA/Other
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	d.						State
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	Additional Descriptions for Materials Listed A						
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15.	. Special Handling Instructions and Additional	l information		· · · · · · · · · · · · · · · · · · ·	<u> </u>	1	340155
		Emergency Conta	act: (800)3996	5211,(	219)949-0	)794 , (	213)582
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		5-16865					
16.	GENERATOR'S CERTIFICATION:   hereby	declare that the contents of this consignment	t are fully and accurately	described	above by proper	shipping no	me and are c
-	packed, marked, and labeled, and are in a	Il respects in proper condition for transport	by highway according to	applicable	international and	national go	remment regu
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10	7. Discrepancy Indication Space						•
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RQ Waster, Tetrachloroethylene, 5.1, UN1397  PGITT (D239)  b. Store  RG Waster, Tetrachloroethylene, 6.1, UN1397  PGITT (D339)  c. Store  EPA/Oth  d. Store  EPA/Oth  J. Additional Descriptions for Materials Listed Above E.R.G #74. DTy Cleaning Waste K. Handling Codes for Wasse Listed Above EPA/Oth  11-a Solids 11-b Timpids Timpids Timpid Waste is 10 Lb/G.  Line Typids Tim	int or type. Form designed for use on elife (12-pitch) typewriter.  1. Generator's US EPA ID No.	Manifest Documen	t No.	2. Page 1	1	on in the sha
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2306 E. 38th St.  Vision of Description (including Proper Shipping Name, Nazerd Class, and ID Number)  10. Sp. 1/4 St. 10	AAD Distributions & Dry Cleaning Service, Inc.		Ċ	A D 9 9	1 3 9	7 4 1
11. US DOT Description (including Proper Shipping Nome, Mazerd Cless, and ID Number)  12. Container  No. Type  State  RC : Master (Tetrachloroethylene, 5.1,UN1397  PCTIT (D239)  13. Total  D_M   PP   PA/Oh  State  PFA/Oh  Sorie  PFA/Oh  4.  14. Waster (Tetrachloroethylene, 5.1,UN1397  PCTIT (D239)  15. Sorial (D239)  16. Sorial (D239)  17. Additional Descriptions for Materials listed Above 2: R. 9 #74. Dry Cleaning Waste R. Howeling Codes for Waster Listed Above  PFA/Oh  11a Solids 11b 7: pridt 1. Liquid Waster is 19. Lb/G  13. Special Handling Instructions and Additional Information  Emergency Contact: (800) 3996211, (219) 949-0704, (213) 58:  15. GENERATOR'S CERTIFICATION: I hereby declare than the content of this consignment are fully a packed and anothered, and one in all respects in proper condition for maniport by high profession intermination anothered years intermined and manipolicy procession and selection and selection for the despect of the despect intermination and manipolicy procession and selection from the contents of the contents of the despect intermination and manipolicy procession and selection from the contents of the despect intermination and manipolicy procession and selection and selection from the contents of the despect intermination and manipolicy procession and selection from the procession and selection from the process of the procession and selection from the process of the procession and selection from the process of the procession and selection from the process of the procession and selection from the process of the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection from the procession and selection fr	2306 E. 38th St.		H. Facility	s Phone		
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11 US DCT Description (including Proper Shippin	ig Name, Hazard Class, and ID Numbert	No.	ontainers Type	13. Total Quantity	14 Unit t Wt/Vol 1, Waste Number
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AND SPECIAL WASTE.

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	· UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID N ILD 9848326	26	Manifest Doo			of s not r	equired ired by I	he shaded areas by Federal law, bu Ilinois law.	ıt	
	3. Generator's Name and Mailing Address MAPLE PLAZA CLEAN 2265 MAPLE AVE. DOWNERS GROVE				-	IL B. Hill		97	0 MANIFI		
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	5. Transporter 1 Company Name SAFETY-KLEEN CORP. 7. Transporter 2 Company Name		ILD 9	8490820	2		Nois Transporter's 17) 468-6		Transporter's P	none	
	7. Transporter 2 Company Name	;	8. ∪S 	EPA ID Number	ī	E. Illis	nois Transporter's	ID	Transporter's P	1	
	9. Designated Facility Name and Site Ad SAFETY-KLEEN CORP. 1500 VILLA STREET	dress 503401		EPA ID Number		G. Illi Fa ID	G. Illinois Facility's 0314380001				
Ц	FLGIN. I	L 60120	ILD	0080591	1		cility's Phone 17 468-61	560_			
G	11. US DOT Description (Including Prope	er Shipping Name, Hazard Clas	ss and ID Numb	er)	12. Conta	Type	13. Total Quantity	14. Unit Wt Vol	I. Waste No.		
SEZEE	a WASTE TETRACHLO 6.1 UN1897 PG III (ERG#160)13#/GAL	(F002, D039)			CCZ	DF	COC12	G	EPA HW Number X XFQO2 Authorization Num		
AT OF	b. RG WASTE TETRAC 6.1 UN1897 PG III (D039, D040) (ERG#16	(F002 D007, D0	08)		~~~	DF	B0030	G	EPA HW Number X XFQO2 Authorization Num	1.	
	c. Call	FOR SET	evice B-6	5/0					EPA HW Numbe	$\perp$	
	d.	EVERY 1	12 WE	ines)					EPA HW Number X X	1	
	J. Additional Descriptions for Materials Li I(A) D039 I(B) D007 D008	(B) D039, D	<b>040</b>				dling Codes for W tern #14	astes Li	sted Above		
	15. Special Handling Instructions and Add	ditional Information 91	B05 947	97938	69018	2 5-	034-51-	1236	04		
$\ $	EMERGENCY RESP#800	-468-1760 24 1	HR	A:	906	B:	942 C:		D:		
	16. GENERATOR'S CERTIFICATION: are classified, packed, marked, and government regulations, and Illinois regulations of the first and large quantity generator. I ce determined to be economically practical minimizes the present and future threat minimize my waste generation and select	labeled, and are in all respections.	ts in proper co	ondition for trans	port by high	way acc	cording to applicab	e ntern			
	minimize my waste generation and select Printed/Typed Name	t the best waste management me	Signatu			L 1823	et ianen er i	- (•	Month Day	Year o	
	YOUN HYUNT	> Ku AK	0.9410	1/1	4.	_		1	031//19	18	
Ţ	17. Transporter 1 Acknowledgement of R				1				DATE		
R 4 2 5 P	Printed(Typed Name	a tetan	Signatu						Month Day 1	rear Ty	
ORTER	18. Transporter 2 Acknowledgement of P Printed/Typed Name	eceipt of Materials	Signatu	re			<del></del>		DATE  Month Day )	Year	
	19. Discrepancy Indication Space								L		
F40-											
-	20. Facility Owner or Operator Certification	on of receipt of hazardous mate	rials covered by	this manifest ex	cept as note	ed in iten	n 19.		DATE	7055	
٧ <u> </u> ا	Printed/Typed Name	the now	/ Signatu		1 :	A		V/	Month Day	Par	

SAFETY-KLEEN CORP STATE PRESCRIBED FORM 5-034-51

P O. BOX 19276

#### SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761 State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE.

N	OTE: FORM DESIGNED TO PRINT 8	LINES PER INCH	EPA	Form 8700-2	2 (6-89)		Form Approved.	CMB No.	2050-0039	
	UNIFORM HAZARDOUS WASTE MANIFEST	Generator's US EPA ID N     ILD 9848326		Manifest Doo	-	1	1 is not	periuper	he shaded are by Federal lav Ilinois law.	
	3. Generator's Name and Mailing Address MAPLE PLAZA CLEAN 2265 MAPLE AVE.	NERS				IL	nois Manifest Doc. 8121		M	ANIFEST. EE PAID _
	DOWNERS GROVE 4. Generator's Phone ( 708 )85	IL 6051 52-7670	ວ			B. 抓 Ge ID	enerator's 04	3030	0028	11
	5. Transporter 1 Company Name SAFETY-KLEEN CORP.			EPA ID Number 98490820			nois Transporter's 47) 468-6		123   Transporter	r's Phone
	7. Transporter 2 Company Name		8. US	EPA ID Numbe		E 166	nois Transporter's	10	Transporter	
	9. Designated Facility Name and Site Ad SAFETY-KLEEN CORP. 1500 VILLA STREET			EPA ID Numbe		G. IIII Fa	culty's 03	1438	0001	1.1
	ELGIN. 1	L 60120	ILD C	00080591	<del>,</del> _	84	acility's Phone 47 468-6			
G	11. US DOT Description (Including Prope		s and ID Numb	er)	12. Conta	Type	13. Total Quantity	14 Unit Wt∕ol	l. Waste	No.
D III Z III C	a WASTE TETRACHLO 6.1 UN1897 PG III (ERG#160)13#/GAL				007	DF	00012	G	EPA HW N  X   X FQC  Authorization	2
A T O H	B RG WASTE TETRAC 6.1 UN1897 PG III (D039, D040) (ERG#16	(F002 D007, D0	08)			DF	00015	G	EPA HW N X   XFQC Authorization	)2
	с.						<u> </u>		EPA HW N X X Authorization	
	d.								EPA HW N X X Authorization	
	J. Additional Descriptions for Materials Li		<u> </u>		<u> </u>		ndling Codes for Witem #14	astes Li	sted Above	
	I(B) D007 D008									,
	15. Special Handling Instructions and Ad	ditional Information							• • • • •	
	EMERGENCY RESP#800	7	-	845035	/5834	3 5-	-034-51-	1236	04	
	16. GENERATOR'S CERTIFICATION:			A:	906		942 C:	oroner.	D:	
	are classified, packed, marked, and government regulations, and Illinois regulations.  If I am a large quantity generator, I ce	labeled, and are in all respections.	ts in proper co	ondition for trans	port by high	nway aci	cording to applicat	e intern	ational and n	ational
	determined to be economically practical minimizes the present and future threat minimize my waste generation and selections.	ble and that I have selected the pro t to human health and the environ	acticable method nment: OR, if I a	i of treatment, stol um a small quanti	rage, or dispo ly generator,	sal curre I have m	intry available to me	which	DAT	E
	Printed/Typed Name	Kenar	Signatu	The state of the s	la				Month Day	Year
TRAZ	17. Transporter 1 Acknowledgement of R Printed/Typed Name	Receipt of Materials	Signatu						DAT Month Day	
S	18. Transporter 2 Acknowledgement of R	Receipt of Materials	4		2	_	$\nearrow$		11 19 DAT	397
OHIER	Printed/Typed Name	iscerbi di malerials	Signatu	re			<i></i>		Month Day	
_	19. Discrepancy Indication Space					/-				
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-	20. Facility Owner or Operator Certification								DATI	
Ÿ	Printed/Typed Name	Stoman	Signatu	re V D M	10	Si	1700	re h	Month Day	797

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. Spill

This Agency is authorized to require, pursuant to illinois Revised Statutes 1969. Chapter 1111/s Sections 1004 and 102, that this information be submitted to the Agency Faiture to provide the information may result in a civil penalty agents the owner or operator not to exceed \$25,000 per day of violation. Fastification of this information may result in a time up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management

## Detail Sales By Item

Date ranges ...: 010198..123199 Cust account Range: 478510-0 Item range ...: 2951..2952zz,2962..2

Item numbe	Cust accou Name	Sales rep. I	Invoice n	u Invoice Da Qty.	Unit	Sales pric
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *	0	0359250	6/11/98	3 CN	185.25
3007IL	DOWPER (5 GAL CAN)	U	10333230	0/11/30	3 CN	107.23
J00/1L	478510-0 MAPLE PLAZA CLEANERS *	0	0361336	7/8/98	2 CN	123.50
3007IL	DOWPER (5 GAL CAN)	•		., 0, 00		
	478510-0 MAPLE PLAZA CLEANERS *	0	0363748	8/6/98	1 CN	63.50
3007IL	DOWPER (5 GAL CAN)			•		
	478510-0 MAPLE PLAZA CLEANERS *	0	0364822	8/20/98	1 CN	63.50
3007IL	DOWPER (5 GAL CAN)	^		0 (2.7 (0.0	1 60	62.50
200771	478510-0 MAPLE PLAZA CLEANERS *	U	0367075	9/17/98	1 CN	63.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *	^	0368158	10/1/00	1 CN	63.50
3007IL	DOWPER (5 GAL CAN)	U	0200130	10/1/98	T CN	03.30
300/1L	478510-0 MAPLE PLAZA CLEANERS *	۸	0369146	10/15/98	1 CN	63.50
30071L	DOWPER (5 GAL CAN)	J	0303140	10/13/38	1 (1	03.30
300/12	478510-0 MAPLE PLAZA CLEANERS *	0	0372560	11/30/98	1 CN	63.50
3007IL	DOWPER (5 GAL CAN)	•		22, 50, 50	• • • • • • • • • • • • • • • • • • • •	
	478510-0 MAPLE PLAZA CLEANERS *	0	0376283	1/21/99	2 CN	123.50
3007IL	DOWPER (5 GAL CAN)					
	478510-0 MAPLE PLAZA CLEANFRS *	0	0379107	3/3/99	2 CN	123.50
3007IL	DOWPER (5 GAL CAN)	_				
	478510-0 MAPLE PLAZA CLEANERS *	0	0382234	4/14/99	2 CN	123.50
				Item total:	17.00	1,060.25
			d	Grand total:	17.00	1,060.25

Detail Sales by Item

23-2

																		29-2	<u></u>
	478500	Thru		0 I	[te <b>n</b> #	Invoice Da #: 3007IL tion: All	1	Thru	3007	7IL			Print O Prod Catg: Cust Code:	All	Tax	Authorty: r_Defined:			
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		-	<b>*</b>	. —							-		Total:						<del>T.</del> .
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3007	noui	PER (5 GA	CAN				-		•	-					
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					<b>91</b>	10			00324776			1 CN		40.50	
					<b>P1</b>	10			00328000			2 GM		82,00	Y
					F1	10	9	ПП	00331358	95/15/97		1 CM		46.00	)- <b>-</b> Y
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HAUSSU CHESTELA TILLING

2-10 to 5 6

-24 to

Ucer: KFJ Page 00001

tail Sales by Item

		Item#: 4847	Thru 4841	7	1796	Prod Cats		Tax Authorts:	All		
11		Location: All	Slsrep: /	411		Cust Code	: All	User Defined:	A11		
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Location	Cust	Hame	Cat Def	Sod	Ter Rep	Number	Date	Ota UH		Sales	Fl
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		/2 GAL CN) DIMAPLETPLAZATITHRICE	EANERS TH	<u> 10</u> -	9-117-0	1025222	09711795	1 CN	<del></del>	79785	- <sub>У</sub>
. 40-20 <b>V</b>		v inibe ienen I im be	Fit	10			10/10/95	1 CM		29,85	
			P1	10			11/07/95	2 CN		56,20	
			51	16			12/18/95	2 CN		56,20	
			I/1	10			01/15/96	1 CM		29.85	
			D1	10			02/26/96	2 CN		56,20 <u>56,20</u>	
			DI D1	10 10			04/22/96 07/01/96	3 CM		56.20	
			P1	10			08/12/96	2 CN		56.20	
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SOLD	MAPLE PLAZA CLEANERS &
TO	2265 MAPLE AVE DOWNERS GROVE II. 60515

MAPLE PLAZA CLEANERS A SHIP 2265 MAPLE AVE DOWNERS GROVE 11. 60515

401			/HPS - 7AM -	7 DM 1		]		
OUR ORDER NO.	ORDER DATE	CUSTO ACCT.	OMER LOC. SLIMN. CUSTOMEN ONDER NUMBER	i i	SHIP VIA	FREIGHT COLL/PPD	_	. '
2 4 5 7 1 5	A / CD : CD			`	,		3	15 Gal.
	04/08/99	47851			OUR TRE	PPD		4
INVENTORY NO.	. UNIT	НМ	DESCRIPTION	ORDERED	QUANTITY	BACK ORD.	1	
300711	Cit	X	TT TDACIII ODTINI VI TAIR			]		]
	: '. ''		TETRACHLORETHYLENE, 6.1, UN1897, PG III, RG=100 LE	3	· ]	2	4	55 Gal. Steel
			SARA III, SEC 313 REPORTABLE		]	1		
			DOWPER (5 GAL CAN)					
4527	6.5		STRUT (PAINTED) GOLD (250/CS)	} 3		3		
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<u>,</u>		PE	CK UP EMPTY CONTAINERS (Y/N)			,	-	AD BY:
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•						1	DI	EL'D BY ( / IP

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE.

SIGNATURE

	F 7	PHONE <sub>-</sub> TOLL FR FAX	EE			715-842-22 800-950-66 715-842-90	985 556		OUTE: JENCE: JEIGHT:	172.00		4x1 Gal.
TO -	- APSE CGAS BOY MAPSE OUNTERS GR	$\mathcal{L}^{1,1}(\mathbb{R})$			5	7	SHIP2265 MAPLE AV TO DOWNERS GROVE	er E ll			2	5 Gal.
OUR ORDER NO	ORDER DA	ATE		TOMER	LOC.	SLSMN.	CUSTOMER ORDER NUMBER		SHIP VIA	FREIGHT COLL/PPD	]	
347487	63 11 9	્રા	1185	; 10	éř	111			OUR TRE	b b D	3	15 Gal.
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. 47	r <sub>i</sub>	1		CPET COMB	ROLEU USTIB	M DIST LE. NA	NUID, W.O.S (ILLAME). (1993. PG III (GAL)			1	4	55 Gal. Steel
73 <del>1</del> a	į.	S.				RIAGE GOLD	TRADE 13GA 500/	1		1.	5	55 Gal. Plastic
(59	1,1	1.		STRE	ETS S	TATIC	OL (GAL)	<b>k</b> = 1		2	<u> </u>	,
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COMMENTS

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4x1 Gal.

7	WAUSAU CHEMICAL ( P.O. BOX 953 WAUSAU, WISC		** *	17	
23.	PHONE	715-842-2285 800-950-6656 715-842-9059	•	ROUTE: SEQUENCE: TOTAL WEIGHT:	382.00
SOLD TO	MAPLE PLATA CCEANERS A 2265 MAPLE AVE DOWNERS GROVE IL 60515	SHIP	2265 MAPLE	ZA CLEANERS A E AVE ROVE IL 60515	

MAPLE PLAZA CLEANERS A SHIP2265 MAPLE AVE	2	5 Ga
TO DOWNERS GROVE IL 60515		
(ARS: 748 - 786)		

OUR ORDER NO.	ORDER	DATE		TOMER T. NO.	LOC.	SLSMN.	сивтомея опре	H NUMBER		S	HIP VIA	FREIGHT COLL/PPD	<u> </u>	
346673.	02/26/	egg .	17851	1.0	MA	111				L	TRE	1:3:3)	3	15 Gal.
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			.			GAL								
1803		ŢĊĸ		1			OGSR W/1 HANOLI	E \	<del>/</del> 1		I			
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THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, FACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION, FOR CHEMICAL EMERGENCY. SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE

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ĸ			a 37 (a)	FAX 52 267					715-842-9	9059	TOTAL	VEIGHT:			
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14		MAR	ere er	AZA CLI	FΔi	a e e	) G L		_	MAPLE PLAZA	CLEANE	pe L		L	
4	SOLD			LE AVE		( 12 )	100 1		1	SHIP2265 MAPLE A		KO M		2	5 Gal.
4	то			GROVE		i.	60515	5		TO DOWNERS GROV	UE TL	60515			
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<b>'3</b> ''	344930		01/29	7.989 7.989	<b>)</b> ; [] (	85)	ĹĢ	AM	111			QUE TER	PPU		·
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THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE.

SIGNATURE CUS FOMERIO DEL IVERY COPY

7 72		•	40 - 85	TOLL F	REE_			. 715-842-228 . 800-950-665 . 715-842-905	6		QUENCE: WEIGHT:	472.00		
	SOLD	365	ride (C).	AZA OL JE AUG JEOUE	,			コ 」	MAPLE PLAZA SHIP2265 MAPLE ( TO  (MRS: 7AM -	PE IL	00515	,	2	5 Gal.
	OUR ORDER N	Ō.	ORDER	DATE	CI	ISTOMER CCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMB	ER	SHIP VIA	FREIGHT COLL/PPD	]	
Ç	344088	73	(1/15/	/99	78		AM	111			OUR TRK	PPD	3	15 Gal.
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	437	<del></del>		GL .	. Х	(PE	TROLEU BUST IB	M DIST	JID. N.D.S., ILLATE), 1993, PG III (GAL)				4	55 Gal. Steel
ر ن	3007 IL			Cri	X	6 . 1  SAF	, UNI8	RETHYLI 197, PG SEC 3 GAL C	III, RU#100 LB → 13 REPORTABLE		. *		5	55 Gal. Plastic
ا ر	1171		,	03		SH:	RT BOX	RELIA	BLE 5 IN 2007CS	-	<u>,</u>	· <b>1</b>		
	1803			ũΧ				ER 3200 430-12	GSR UZI HANDLE )				6	OTHER
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ات	1180			les -		TH	BAG O	MLY 50	0705		1			
j D	1												LC	DAD BY:
_						<u>大大</u>	. Conti	nued O	n The Nest Page A	A A				EL'D BY:
D	THIS IS TO CERTIFY MARKED AND LAB APPLICABLE REGU SPILLS, LEAK, FIR	ELED, LATIONS	AND ARE S OF THE	IN PROPER DEPARTME	R CONDI NT OF T	TION FOR RANSPOR	TRANSPORTA TATION. FOR	TION, ACCORD CHEMICAL EN	ING TO THE COMPLY WITH THE SA	HE ABOVE LIST LE TERMS AS I	TED MERCHANDISE WIT INDICATED ON THIS DEL	HOUT DAMAGE LIVERY RECEIPT	AND/O	OR SPILLAGE, WE AC

	Z WA					PORA		•	35		#	REPUHI
742	<b>6.3</b> 0:	PHONE TOLL F	REE		-:	715-842-228 800-950-665 715-842-905	85 66		IOUTE: JENCE:	11.00	1	4x1 Gal.
SOLD TO	MAPLE PO 2265 MA DOWNERS	LAZA CU PLE AVI	CEARE C		.5	٦	SHIP 2265 MAPLE TO DOWNERS GROV	AVE IL			2	5 Gal.
OUR ORDER	R NO. ORDE	ER DATE	CUS	TOMER	LOC.	SLSMN.	CUSTOMER ORDER NUMBE	ER	SHIP VIA	FREIGHT COLL/PPD		
340803	11/2	3/98	4705	T. NO.	АМ	111	A A A A A A A A A A A A A A A A A A A		UPS/HAND	PPU/A	3	15 Gal.
INVEN	TÖRY NO.	UNIT	НМ			DEŚ	CHIPTION	ORDERÉD	QUANTITY	BACK ORD.		
506	•••	GL	X				UID, N.O.S., ILLATE).	1	1		4	55 Gal. Steel
			:	WALS	993. P	GILL	EEN (GAL)		e	<i>.</i>		
											5	55 Gal. Plastic
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			F	TCK L	IP EMP	TY CON	TAINERS (Y/N)				LC	DAD BY:

APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

DATE 23-78

COMMENTS

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Solb To	6 HAPL 2265		EE	RS A	SCONSIN		3 85 56	SEQU TOTAL W LEANE PE	RG &	309.00		4x1 Gal.
OUR ORDER N	10.	ORDER DATE		OMER T. NO.	LOC.	SL8MN.	CUSTOMER ORDER NUMBER		SHIP VIA	FREIGHT COLL/PPD	_	45.0.1
337567	1	07.007.98	4785	10	AM	111			OUE TEK	PPD	3	15 Gal.
INVENTO	RY NO.	UNIT	НМ		<u>*</u>	DE	SCRIPTION	ORDERED	QUANTITY	BACK ORD.	1	
3007IL 614 459 673		CN GL GS	X	G.1. SARA DOWF FILI STRE	. UNIC A III. PER (S CER PU EETS S	, SEC ; 5 GAL ( JRITAN BTATIC(	S III, RO=100 LB // Bl3 REPORTABLE	1 (3)		1		55 Gal. Steel
47 <b>Ē</b> 8 4527		cs cs		(PAI	INTED:	GOLD	TRABE 13GA 500/ / 60LD (250/CS) /			2	6	OTHER
		·					UTA INERS (YZN)				DE	AD BY:

MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

11-15 46

COMMENTS

CHORETT BY LITHYPUY CODE.

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## WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953
PHONE \_\_\_\_\_\_\_\_ 715-842-2285
TOLL FREE \_\_\_\_\_\_\_ 800-950-6656

\_\_\_\_ 800-950-6656 \_\_\_\_ 715-842-9059 ROUTE: SEQUENCE:

**TOTAL WEIGHT:** 

154.50

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600-052-7670

SOLD TO HAPLE LUMEA CUEMMERS & D265 HAPLE AVE AVE TU 60515

FAX \_\_\_

SHIP 2265 MAPLE AVE
TO DOWNERS GROVE 16 60515

7480 \* 76M - 758;

2 5 Gai.

KEPUKI

1 4x1 Gal.

CUSTOMER FREIGHT OUR ORDER NO. SLSMN. SHIP VIA ORDER DATE LOC. CUSTOMER ORDER NUMBER ACCT, NO. COLL/PPD 15 Gal. 336707 09/25/98 420510 AM 111 OUR TRE PPD

<u> </u>		┸┯—			<u></u>			1 1	
INVENTORY NO.	UNIT	НМ	DESCRIPTION	· }	ORDERED	QUANTITY	BACK ORD.	1	
3007 IL	114	X	TETRACHLORETHYLENE. 6.1. UN1897. PG   III. RG=100 LB SARA III. SEC 313 REPORTABLE DOWPER (5 GAL CAN)		/ 1	SHIPPED	BION ONE.	4	55 Gal. Steel
1803	<b>!</b> :		LINT LIFTER 320GSR W/I HANDLE (SANE AS 430-12)		7		,	5 !	55 Gal. Plastic
1895	PK		TISSUE 18 X 24 WHITE 2-RM FACK ACID FREE, ANTI-TAENISH		2° 3				1
558	1:1.		ROYALTONE SILK MAGIC (GAL)	1	< i1.	1			
1103	UA		1800 PARKER SHALÈ			.3	į	6	OTHER
4728	1, 6,		CAMED CARRIAGE TRADE 1364 500/ - (FAINTER) GOLD	;	· 1	t			
				,		]			
<b>.</b>		þ	TER OF EMPTY CONTAINGES (174)					LOA	AD BY:
								DEI	L'D BY: FAM

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT S RELATED INVOICE.

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DATE

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U√XXV W	AUSAU (	CHEN	<b>MICA</b>	L COF	<b>RPORA</b>	ATION	•				neryni
7	P.O. BOX S				<b>I 54402-09</b> 9 .715-842-2			ROUTE:		1	4x1 Gal.
~	TOLL FF	REE			800-950-6	656		QUENCE: WEIGHT:	292.00	Ì	
6.30	FAX <u></u> 250 - 762		<del></del>		715-842-9	059	IOIAL	WEIGHT:			
g Emphasia	PLAZA CI		70.C 1		. –	MAPLE PLAZA	CICAL	CYC A			
TO 2265 h	iartir ayl	•			'	SHIP 2265 MAPLE A	AVE			2	5 Gal.
, () DOWNER	CS GROVE	1 L	6053	15		TO DOWNERS GROV	E IL	60515			
						. (HRS: 7AM -	7P8)				
OUR ORDER NO. O	RDER DATE		TOMER T. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	R	SHIP VIA	FREIGHT COLL/PPD	ļ	
335544 09/	10/98	4785	1.0	AM	, , ,			COLUMN STATE	Y. T. 7.	3	15 Gal.
	<u> </u>	ـــــ	10	HIT	111			QUANTITY	PFU	}	
INVENTORY NO.	UŅĪT	НМ		:	DE	SCRIPTION	ORDERE		BACK ORD.	1	
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						G III. RO=100 LU 313 REPORTABLE			1		Jo Gai. Gleer
Programme Annual Control of the Cont					GAL		ı		1		
728	<b>t</b> 5		•			TRADE 13GA 500/		m.	2	ł	
			(PA)	INTED	GOLD	<i>ye</i>	7		l	5	55 Gal. Plastic
4527	C.C.		STR	UT (PA	AINTED	) GOLD (250/03)	1	::	:		
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100 B			1000	0705				1			
5459 +A	\ t.t.		STRI	cers s	TATIC	OL (GAL)		;	3	6	OTHER
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#Pro											7 3/8/
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v. 8		I.	June 1	Jr EMI	TY CO	HTAINERS (Y/H)			1	-	<u></u>

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE

DEL'D BY

SIGNATURE DATE

COMMENTS

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			P.O. BOX	953 WAU	JSAU, W	SCONSIN	1 54402-0953	3				1	4x1 Gal.
							715-842-226 800-950-669			JENCE:	79.00		
		an tan m	FAX						TOTAL W	EIGHT:			
ĺ.		(5 d U = )	dWadm + to∠	U ·						<del></del>		1	
SOLD			.AZA CL		85 A			MAPLE PLAZA C		35 A		12	5 Gal.
ТО			ULC 698 GEOYE		605 t	5		SHIP2265 MAPLE AV TO DOWNERS GROVE	L 1L	60515		-	o Gui.
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	_ L_	, —,						(HRS: 7AM - 7	17717			_	
OUR ORDER	R NO.	ORD	ER DATE		TOMER	LOC.	sismn.	CUSTOMER ORDER NUMBER		SHIP VIA	FREIGHT COLL./PPD	1	15 Gal.
332725		07/31	1799	1705	1.6	AM	1111			OUR TEE	PPD	13	15 Gai.
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" INVEN	TORY	<del></del>	UNIT	НМ		<u> </u>	DES	SCRIPTION	ORDERED		BACK ORD.	7	}
3007IL			CH	Х	TETR	OJHDA	RETHYL	ENE.	1	1		-	
5				İ				III. RO=100 LB 13 REPORTABLE	1		İ	4	55 Gal. Steel
	·		,				GAL C						
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i				•			an a sarsares	SECTION 1 CONTRACTOR SECTION 1				LC	DAD BY:
												DE	EL'D BY:
THIS IS TO CED	TIEV THA	T THE AROV	E MANGE MAT	EDIAL C ADI	DDODEDI	V CI ACCICII	U DESCRIBE	PACKAGED   WE HAVE RECEIVED THE A	BOVE LISTE	D MERCHANDISE WITH	OUT DAMAGE	AND/C	OR SPILLAGE WE AGREE TO

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

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COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE.

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		SIGNATURE		DATE		
	1	CUST	OM PS DE	IAEBA CODA		

COMMENTS

	_	6300	PHONE TOLL FI	nee				715-842-226 800-950-665 715-842-905	56 66		ROUTE: JENCE: /EIGHT:	76.00	1	4x1 Gal.
SOLD TO	2.30	ise dad	AZA CL U.E. AVE GROVC	E.			5	7	MAPLE PLAZA C SHIP2265 MAPLE AV TO QOWNERS GROVE (HRS::7AM - 7	C LL ·			2	5 Gal.
OUR ORDER	NO.	ORD	ER DATE	1		TOMER T. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER		SHIP VIA	FREIGHT COLL/PPD	_	15.0
332553		07723	9790	17	705)	10	éř	111			OUR TEK	PPU	3	15 Gal.
INVEN	TORY N	NO	UNIT	1	НМ		L	DES	CRIPTION	ORDERED	QUANTITY	BACK ORD.	1	
A.C							1677 7 %	Y #7	LETY. M. P. P.	, , ,	1			
06			er.		Х				UID, N.O.S ILLATE).		. 1		4	55 Gal. Steel
		•		1		i e		GIII						
						LATE	LAW S	ILK SH	EEN (GAL)					
4 Ů			64.			LAID.	LAW E	ORMULA	Z (GAL)	<i>i</i> .:	3	:		
និចិ			63.			STRE	ets s	TREETE	ر (GAL)				5	55 Gal. Plastic
ចំចំ ទីង									X (GAL) y				5	55 Gal. Plastic
558 1558 - 1			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1					MAGIC (GAL) S FOR ABOVE TIEM	<i>j</i> 1	`  '	1		

614 | ELLTER PURITAN CARBN COR(4/05)

PICK UP EMPTY CONTAINERS CLOD

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE

6 OTHER

DEL'D BY:

ERIALS

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SIGNATURE

			53 WAL	JSAU, WI	SCONSIN		3 285 556		27 OUTE: JENCE: EIGHT:	50.50	1	REPORT_ 4x1 Gal.
SOLD 220	SS HAP	AZA CE LE AVE GROVE			5		MAPLE PLAZA O SHIP2265 MAPLE AV TO DOWNERS GROVE (HRS: 7AM - 2	VE I IL			2	5 Gal
UR ORDER NO.	ORDE	RDATE		OMER T. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER		SHIP VIA	FREIGHT COLL/PPD	3	15 Gal.
331408	07/14	798	4785	10	АМ	111			OUR TRK	PPD	F	10 001.
INVENTORY N	Ю.	UNIT	НМ			DES	SCRIPTION	ORDERED	QUANTITY SHIPPED	BACK ORD.	]	
06 1357 · ·		GL EA	X	(PET NA19 LAID INCL	ROLEU 93. F LAW S UDE C	M DIST G III GILK SH DNE MSI	QUID, N.O.S FILLATE). HEEN (GAL) DS FOR ABOVE ITEM EX (GAL)	(1) *1.	0 -	1	4	55 Gal. Steel
46 <i>7</i> ' 5 <u>9</u>		EA GL					DS FOR ABOVE ITEM  DL (GAL)	(3)	3		5	55 Gal. Plastic
·											6	OTHER
			P	iek u	IP EMI	PTY COM	NTAINERS (Y/N)					DAD BY:

MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION FOR CHEMICAL EMERGENCY SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

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WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953 PHONE \_\_\_\_\_\_ 715-842-2285 TOLL FREE 800-950-6656 FAX \_\_\_\_\_\_715-842-9059

ROUTE: SEQUENCE: **TOTAL WEIGHT:** 

343.00

630-852-7676

SOLD TO

MAPLE PLACA CLEAMERS & COOS Marke AVE DUBNEVS ARBVE II. 60515

SHIPMAPLE PLAZA CLEANERS & TO DOWNERS GROVE IL 60515

2 | 5 Gal.

15 Gal.

METUNI

4x1 Gal, 4,4.

CUSTOMER FREIGHT **OUR ORDER NO** ORDER DATE LOC. SLSMN. · CUSTOMER ORDER NUMBER SHIP VIA ACCT, NO. COLL./PPD

330b a67 62.98 473510 111 AM. OUT TEE PPD QUANTITY INVENTORY NO. UNIT НМ DESCRIPTION ORDERED BACK ORD. SHIPPED 300° H. (3) TETRACHLORETHYLERE. 55 Gal. Steel 6.1. UN1897, MG TIT. RQ=100 LB SARA III. SEC 313 REPORTABLE DOWFER (5 GAL CAN) 459 STREETS STATICOL (GAL) ijΪ. 1 5 55 Gal. Plastic LAIDLAW FORMULA Z (GAL) 1) 440 61./1/ 5.2451. STREETS GELATONE (GAL) STRUT (PAINTED) GOLD (250/CS) 11, 3  $\Gamma S$ 1 OTHER 6 2  $C \otimes$ CAPED CARRIAGE TRADE 13GA 5007 (PAINTED) GOLD 15.3 **COAM HANGER COVER ASSURT 500/B** (ASSORTED COLORS) R1. PLATTRUM 40\* 27# (21X7X40) 1280 £1. £LATINUM 56 \* 27 **\* (21**X7X56) LOAD BY: DEL'D BY:

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TOTHE WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE. APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION FOR CHEMICAL EMERGENCY SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO

COMMENTS

02-20	WAUSAU CHEMICAL
<u>~</u> `	

## **WAUSAU CHEMICAL CORPORATION**

P.O. BOX 953 WAUSAU, W	ISCONSIN 54402-0953
PHONE	715-842-228
TOLL FREE	800-950-6650
(630 - 155 ) FAX	715-842-905
- <b>心</b> (300 + むか 3× 25% × 0)	

ROUTE:
SEQUENCE:
TOTAL WEIGHT:

1	1	4X1 Gal.
		<del></del>
	1	

91.75

2 5 Gal.

ERIALS

SOLD TO

MAPLE PLASA LUDANERS & 12267 DAILE AUD 00MORE & BROVE 11. 59515

HAPLE PLAZA CLEARERS A SHIP2265 MAPLE AVE TO DOWNERS GROVE IC 60515

(HRS: FAM - TREE)

FREIGHT SHIP VIA CUSTOMER ORDER NUMBER COLL/PPD 15 Gal.

OUR ORDER NO. CUSTOMER SLSMN. ORDER DATE LOC. ACCT. NO. PTO OUR TEN 329539 96 18/98 **473510** AM 111

		T1	PEROPINAL			QUANTITY		1	ļ Ī
i INVENTORY NO.	UNIT	HM	DESCRIPTION		ORDERED	SHIPPED	BACK ORD.		<b>]</b>
503	GL	Х	CORROSIVE LIQUIDS, TOXIC, N.O.S., (CONTAINS TITANIUM SUL- FATE SOLUTION/AMMONIUM HYDROGH DIFLUORIDE SOLUTION), 8, SUBSIDIARY RISK 6.1, UN2922. PG II	V	· ()	i		4	55 Gal. Steel
ME	EA		NCTODE ONE WEDS FOR SHOVE TIRM		Ψį	1		5	55 Gal. Plastic
7.1 5 M521	GL EA		STREETS GELATONE (GAL) INCLUDE ONE MSDS FOR ABOVE ITER		11	7			
8 4527 2	C.S		STRUT (PAINTED) GOLD (250/CS)		1	1		6	OTHER
459	1.1.		STREETS STATION, (GAL)		(1)	1			,
1238	k (,		Chatlana 40" 27% (21x7x40)		l	į			
		P	CK UP EMPTY CONTAINERS (YZP)					}	DAD BY: // / //

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY -SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE AROVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE

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# <u>HAZARDOUS</u> WASTE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR CERTIFICATION

CUSTOMER NAME: / / D.D.C. PLACO CUIONINS
CUSTOMER NUMBER 5-034-5/-1286
DATE: <u>5778</u>
MAZARDOUS WASTES GENERATED:
By signing below, I certify the hazardous wasta(s) removed from my premises on the data referenced above have been accumulated from (Accumulation start data)
I also certify that I am a conditionally exempt small quantity generator (gnerate less than 220pounds of hazardous waste per calendar month and have not accumulated more than 2,200 pounds of waste total at any one time) and therfore am not required by Federal or State law to manifest my wastes off-site.
Eurjos kuruk Cusponer Signature  Printed Name and title

To be maintained at the customer file in branch



## EAZARDOUS WASTE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR CERTIFICATION

$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$
CUSTOMER NAME: MAZLE PLAZA CLRS
CUSTOMER NUMBER: $9-3429-32$
TODAY'S DATE: 9/18/0/
EAZARDOUS WASTES GENERATED: WESTE PORC TELERY
By signing below, I cartify the hazardous wasta(s) removed from my pramises on the data rafaranced above have been accumulated from 5/18/0 (accumulation start data)
I also certify that I am a conditionally exempt small quantity generator (generate less than 220 pounds of hazardous waste per calendar month and have not accumulated more than 2,200 pounds of waste total at any one time) and therefore am not required by Federal or State law to manifest my wastes off-sit
Customer Signature 6 Prigned Name and Titie

To be maintained at the branch in customer file.

17-12



# FAZARDOUS WASTE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR CERTIFICATION

CUSTOMER NAME: MAPLE PLATA QUIZS									
CUSTOMER NUMBER: 4-2429-32									
TODAY'S DATE: 9/7/00									
RIZARDOUS WASTES GENERATED: WHITE THIRLY HOROFOFFICE & FICTER									
y signing below, I cartify the hazardous wasta(s) removed from y pramises on the data referenced above have been accumulated from 3-10-00 (accumulation start data)									
also cartify that I am a conditionally exempt small quantity renerator (ganerate less than 220 pounds of hazardous waste or calendar month and have not accumulated more than 2,200 rounds of waste total at any one time) and therefore am not required by Federal or State law to manifest my wastes off-site.									

Sustaner Signature . Printed Name and Title

To be maintained at the branch in customer file.



## Office of the State Fire Marshal

DIVISION OF BOILER AND PRESSURE VESSEL SAFETY 1035 STEVENSON DRIVE SPRINGFIELD, ILLINOIS 62703-4259 217/782-2696

BOILER OR PRESSURE VESSEL REPORT OF INSPECTION

	DOIL			·- ·-	,0042	٠ ٠							
								FOR OFFICE I	USE ONLY IER ID:				
County: Du P	age		State Number:	_	USER ID:								
21 HARTFORD	STEAM BOILE	.R		(B00052	264)	CERTIFIC	CATE EXPIRATION		11, 22, 2300				
Owner Name:					User Name:	-							
MAPLE PLA	AZA CLEANE	ERS		,	MAPLE	PLAZ	A CLE	ANERS					
Owner Street Address:					User Street Add	ress:							
				,				_					
2265 W MA	APLE AVE				2265 W MAPLE AVE								
				,									
Owner City:		ST	Zip:		User City:				Zip:				
DOWNERS GROVE		ĪL	60515-		DOWNERS SR	ROVE			60515	5-			
Nature of Business:	Invoice:	: Owner	r: 🔀 User:	r: 🗌	Contact Person:			Phone:	<u></u>	Ext:			
CLEANERS	Certificate:	: Owner	r: 🕅 User: r: 🗹 User:	r: 🗆	SUMG LANG			(430	1852-7670	<u> </u>			
NatiBelNo:	Other No:		Ins. Date:		Inspection Agend	-		Status:		Date:			
( 39373)	75173	)	4400090		21 HARTF	ORD STEAM	BOILER	1 - 1	Active	01/21/1998			
Object Status	1 1 .	inutacturer:				Code Stan		Spekitid Chartick	PAL				
Active	11/29/1993 (	LATTN	ER)		Yes: [	Żi wo	»: 🗖 🔠	<del>GROUND-</del>	FLOCK I	BOILER R			
Type Object: FT:	□ wt: □	CI:	Air Tank:	l	Jse: Power:	Proc		Steam Heat:	HWH:	Hws: □			
Water Tank:	Other: FT			Н	leat Exchange:	_		OWER					
	ear inst::	Fuel:		JFPV Din	nension / WxL			Method of Firing:					
(1987)		Gas						Auto					
Pressure: High: 🛛	M.A.W.P.		Power Boiling Hea			Min. Re	lieving Capac						
Low:		125		12	19/1			(414)					
Certificate Insp:	Yes: Date	e Inspected:			Due Date:	,	Kind of Insp	ection:		Int: 💢			
	No: 🗆 /	411	100	12	211/10			···		Ext:			
Pressure Observed:	•	Safet	y/Relief Valve Set	Ali	<del></del>	Total C	apacity of Sa	afety/Relief Valve:					
	<del>/97</del>		10	<u>ک</u>			110	, 					
Safety / Relief Valve Teste Yes: No:	ed: (s	s Capacity A Yes:	<u> </u>	Low	w Water Cut-Off :		Flow:		Tested:	No: )(			
			KI No: □		<u> </u>	robe:				140.			
s Certificate Posted: Yes: 1 No: [	Expiration Dat	11/	20/00		jh Limit Control: ⊒emp: ☐ F	Pressure:	<del>اح</del> ر	•	Tested: Yes:	No: 🛣			
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Is Condition Of Object Such	That A Centricate May	Be issued:	Yes: 📈	No.	o:(if	ł No Expla	iin Fully Und	ler Code Violation	.s)				
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I Certify This Is A True Re	eport Of My/Inspectic	on: 🔿				Illinois (	Commission !						
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Inspector's Signature:	Y L	1/	_			1 /	43	7					
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## Office of the State Fire Marshal

DIVISION OF BOILER AND PRESSURE VESSEL SAFETY 1035 STEVENSON DRIVE SPRINGFIELD, ILLINOIS 62703-4259 217/782-2696

BOILER OR PRESSURE VESSEL REPORT OF INSPECTION

County: Do Page 11 HARTFORD STEAM BOILER		State (1970) 195264	FOR OFFICE USE ONLY OWNER ID USER ID CERT. EXP. DATE  0430 0430 11/137								
Owner Name MARLE FLAZA CLEANERS		User Name MAPLE FLAZA CLEANERS									
Owner Street Address  22c 5 W MAPLE AVE		User Street Address 2265 W MAPLE AVE									
Owner City 3040-555 SEGVE ST Zip	0515-	User City DOWNERS GROVE			Zip 60515+						
Name of Business Invoice Owner  Certificate Owner		Contact Person SUNG KANS		Phone (à30)8	\$2-7670 Ext						
NatiBdNo Other No 75173 Ins. [7]	Date 316232	Inspection Agency 21 HARTFORD S	TEAN BOILER		Status Date 01/21/1991						
Object Status Date Manufacturer LATTNER		A.S.M.E. Cod	□ No □ □		OR BOILER ROOF						
Type Object FT WT CI Air Tank		se Power 🗌 Heat Exchang	Process POW	Sieam Heat ☐ - R	HWH ☐ HWS ☐						
Year Built Year Inst Fuel Gas	UFPV Dim	nensions/Size	1	Method of Firing							
Pressure High  M.A.W.P. 25 Power	r Boiler Heating Surfa	ice M	lin. Relieving Capacit	Hequired 414							
Certificate Inspected No □	GG Next P	ue Date 1201	Kind of Insper		Int   Ext						
Pressure Observed Safety/Relia	ef Valve Set At	Т	otal Capacity of Safet	y/Relief Valve							
Safety Refiel Valve Tested Is Capacity Adequates No Yes Yes		Water Cut-Off	Flow	Tested Yes	□ No Ū						
Is Certificate Posted  Yes No Expiration Uate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n Limit Control	Ś	Tested Yes	□ No 🗔						
is Condition Of Object Such That A Certificate May Be Issued	Yes 🖸 No 🗆	(II No Explain Full	y Under Code Violat	ions)							
List Code Violations	•										
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Requirements:											
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I Certify This is A True Report Of My Inspection		11	linois Commission Nu	ımber							
Inspector : Signature	-		I	•							



## Office of the State Fire Marshal

DIVISION OF BOILER AND PRESSURE VESSEL SAFETY 1035 STEVENSON DRIVE SPRINGFIELD, ILLINOIS 62703-4259 217/782-2696

### BOILER OR PRESSURE VESSEL REPORT OF INSPECTION

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Owner Name	ENE		USET NAME MAPLE FLAZA CLEANERS								
Owner Street Address			User Street Address	•							
100 m 200 m			2265 MAPLE								
Owner City  Laste Strong Strong	St Z	Zip - 60513-	User City DOWNERS GROVE		Zip 60515-						
		ner 💟 User 🗌 ner 🖫 User 🗆	Contact Person	Phone (338)	Ext ≠ 352-747∜						
NatiBdNo Other No		s. Date 3816232	Inspection Agency 21 HARTFOPD STEAM		Status Date 21/21/1999						
Object Status Date	Manufacturer LATTNER	\	A.S.M.E. Code Sta	simped Specific Location BOILER ROS	OH GRUDFE						
Type-Object FT WT W	CI Air Tar	nk 🗆 🗀	Use Power Proc Heat Exchange	Steam Heat Other WER	HWH ☐ HWS ☐						
Year Built Year Inst	Fuel Gas	UFPV D	mensions/Size	Method of Firing ➤ Auto							
Pressure High	125 / Po	ower Boller Heating Su	face 29.7, Min. Re	elieving Capacity Required.	•						
Certificate Insp Yes No D	Date Inspected	1/981	Due Date G / G G	Kind of Inspection	Int S.						
Pressure Observed /	Safety/R	Relief Valve Set At	Total	Capacity of Safety/Relief Valve							
Safety/Relief Valve Tested Yes	Is Capacity Adec	quateL No F	ower Water Cut-Off loat 2 Probe Flow	Tested Yes	□ no.j\Z( ;						
Is Certificate Posted Yes . No .			igh Limit Control	Tesled • Yes	□ No 🛛						
Is Condition of Object Such That A Certifica	ate May be Issued	d: Yes 🔼 No 🗌	(If No Explain Fully Und	er Code Violations)	100						
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11. US DOT DESCRIPTION (INCL)	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME HAZARD CLASS AND ID.)	ASS AND ID	ONJAINERS 13	14 UNIT SK DOT NIMBER 5	27012
ASTE TETRACHLOROETHYLENE ERG#160)13#/GAL FILTERS	PILTERS	; III (F002, D039)	Q	906	-
Q WASTE TETRACHL 007, D008) (D039,	TETRACHLOROETHYLENE 6.1 UN1897) (D039, D040)(ERG#160)13 LBS/G	7 PG III (FOO2	DF / S	G 942	220 LBS 10 2 200 LBS MACHINI
					INITIALS INTO CRACKING
# E					MITIALS
NATED FACILITY NA	AND ADDRESS SAFETY-	KLEEN CORP.		USA EPA ID NO.	110000805911
500 VILLA STREE	ELGIN,	IL 60120		STATE ID NO.	0314380001
া গা ক্ল	TOTAL RECEIVED APPLY PAYMENT TO:		AGREE TO PAY THE ABOVE CHARGES AND	TO BE BOUND BY THE TERMS AND	TOTAL CHARGE (FROM ABOVE)
M C CHECK NOMBER	DODAY'S SERVICE/SALE	LDR MESSAGE	PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS	RANSACTION UNLESS OTHERWISE ON THE INDIVIDUAL SIGNING THIS JIND CUSTOMER TO ITS TERMS	WASTE MIN. (FROM ABOVE)
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## WE CARE, CONSUMER EDUCATION / ENVIRONMENTAL COST RECOVERY PROGRAM SIGN UP / PLACEMENT FORM 1000 North Randall Road **GENERATOR** Elgin, Illinois 60123 183855 LOCATION BILL TO HE DIFFERENT FROM TAX CODE 1 1 REGGEAM SIGNATE SIGN-UP DATE SALES REPRESENTATIVE'S NUMBER INTERVAL FOLLOW-UP CALL BRANCH NUMBER Check all boxes that apply by having the customer initial in the box. For any boxes that do not apply, have the CUSTOMER'S PART NO'S. CQUANTITY: customer enter "NA" (Not Applicable). おINITIALS ② 1. A WE CARE sign is displayed in the window of this business. 2. A WE CARE wall poster has been displayed on a wall in this business. 3. A WE CARE counter card/counter mat has been set up in this business. Ĺ 4. The WE CARE program/concept has been fully explained. This business utilizes an itemized voluntary environmental fee on consumer orders/invoices. (Enter "N/A" if this business will not be using such a fee.) 6. All appropriate employees will be informed/trained on WE CARE. DISCLAIMER CUSTOMER ACKNOWLEDGEMENT AREA SEE REVERSE SIDE FOR ADDITIONAL TERMS have read this placement form and I understand all of its terms. I also understand that the WE CARE program is a consumer education program that it provided to this business by a representative of Safety-Kleen Corp. and that this program is intended to be used as a tool to educate consumers of this company efforts to properly recycle various waste materials. This consumer education program can also be utilized to request from consumers a cost recovery fe that is directly associated with the work performed for the consumer and that various states may regulate the amount that can be requested from the consumer

The WE CARE literature expressly notes to consumers that the fee a business may request from a consumer is intended to be a voluntary fee only.

CUSTOMER SIGNATURE

SALES REPRESENTATIVE SIGNATURE

CUSTOMER SIGNATURE

DRIVERS SIGNATURE

IN EVENT OF EMERGENCY CALL

1-800-669-5740 or 1-708-888-4660 (24 hours)

DRY CLEANER SERVICE DUNS NO. 05106-0408 FED. ID NO. 39-6090019 777 Big Timber Road • Elgin, Illinois 60123 M3460 MANIFEST NUMBER GENERATOR CUSTOMER CUSTOMER-NUMBER CUSTOMER NUMBER NAME ADDRESS CITY/STATE CITY/STATE ZIP SERVICE DATE SALESMAN'S NO. CUSTOMER P.O. NUMBER SALES TAX EXEMPTION NO. SVC TAX % PROD. TAX % CART. - P/S PROD. P/S ンメご UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION The is to ce CONTAINERS USEPA TRANSPORTER I certify that my total waste streams are TOTAL ID# ILD051060408 within one of the following categories: NO. DM. NO. DF INCLUDING PROPER SHIPFING ISSUED.

RO Waste Tetrachloroethylene
6.1 UN1897 PG III [EPA: F002] (ERG #74)

RO Waste Combustible Liquid, N.O.S. (MINERAL SPIRITS)
NA1993 PG III (EPA: D001, D039) (ERG #27)

Hazardous Waste, Liquid, N.O.S., (Trichlorotrifluoroethane)
9 NA3082 PG III (EPA: F002) (ERG #31)

9 NA3082 PG III (EPA: F002) (ERG #31) PRODUCT 1202,1210 PRODUCT NO 0 to 220 LBS:/MONTH PRODUCT 220 LBS to 2,200 LBS:/MONTH 1209 PRODUCT Waste 1.1,1- Trichloroethane, 6.1 UN2831 PG III (EPA: F002) (ERG #74) NO GREATER THAN 2,200 LBS /MONTH DESIGNATED FACILITY NAME AND ADDRESS: USA EPA ... SPENT SOLVENT MEETS イン そのらう STATE ID NO. 1500 300cm YES T NO [ 200 SERVICE NUMBER QUANTITY DESCRIPTION LINE TOTAL 12000 ..... ..... - 50 dai -1 1 To 197 SERVICE CHARGES GENERATOR USA EPA ID NO. GENERATOR STATE ID NO. <del>Vijigati se</del> Program (karelino TOTAL SERVICE CHARGE PRODUCT SALES SECTION 1. MSDS GIVEN UNIT OF MEASURE PART NUMBER DESCRIPTION PRICE QUANTITY LINE TOTAL 4.00 П PRODUCT TAX ... DRUMS ON HAND TITLE SIGN NAME TITLE SIGN NAME (CHANGE) TOTAL PRODUCT CHARGE TOTAL SERVICE PAYMENT RECEIVED SECTION (FROM ABOVE) TOTAL RECEIVED APPLY PAYMENT TO: CASH TOTAL DUE MYONCES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1144, PER MONTH (184, PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. TODAYS SERVICE/SALE CHECK NUMBER PREVIOUS BALANCE AS FOLLOWS IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER **AMOUNT \$** NV. # COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES. **AMOUNT \$** 

PRINT

GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

DRIVER'S SIGNATURE THE RESERVE OF THE PARTY OF THE

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4. Customer ag	rees to the following the te	ng initia rm of th	al wa his a	iste re greem	cyclir Ient L	ng an Ipon	d co not	onta les:	aine s tha	r fee an ti	es, w hirty	hich (30)	ar da	e su	ubje orio	ect or w	with ritte	out n n	lim Otic	itat e te	ion o c	to uste	cha ome	inge er:	e b	y Sa	lfet	y-Kl	en	at	any	time	e or
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5. To the exte	ent Customer also	purch	nases	dry	clear	ina :	solv	ent	s fr	om _ [	Safe	etv-K	lee	n.	the	DE	artie	s a	are	e t	hat	_ ∴th	isi			TA	١X						
agreement is in	ntended to satisfy this which implement	he requi	uiren	nents (	of 40	Code mer a	e of	Fee	dera	al Re	gula	ition form	s 2	62.	20( fo	e). 7	as a	ime	nde	ed, the	and	l ar	y or			TO:	TAL			$\dagger$			
ast service.	has the capacity						_	•															L	um	ent								
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DRY CLEANER SERVICE





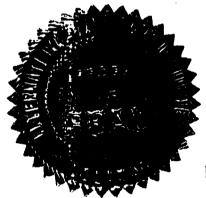
## INTERNATIONAL FABRICARE INSTITUTE.

The Association of Professional Drycleaners and Launderers

This is to recognize that:

PAGE -21





has completed the requirements of
The Stain Removal Techniques
Self Study Course

conducted by the INTERNATIONAL FABRICARE INSTITUTE 12251 Tech Road, Silver Spring, Maryland 20904

December 16, 1998

DIRECTOR OF EDUCATION

**EXECUTIVE VICE PRESIDENT** 

2	WAU	-					ATION MOIT		27			REPORT
1. OF		P.O. BOX		-		N <b>54402-09</b> _715-842-2		R	OUTE:		1	4x1 Gal.
P 0						_ 715-642-2 _ 800-950-6	656			339.00		
1	630-8	FAX 52-767	ij			_715-842-9	059	TOTAL WE	EIGHT:			
SOLD 2	APLE PI. 265 MAP DWNERS	LE AVE				- 7	MAPLE PLAZA CI SHIP2265 MAPLE AV TO DOWNERS GROVE	E			2	5 Gal.
							(HRS: 7AM - 7	PM)				
<b>OUR ORDER NO</b>	ORDE	R DATE		JSTOMER CCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER		SHIP VIA	FREIGHT COLL./PPD	1	
328564	06/05	. 700		510	AM	111			OUR TRK	PPD	3	15 Gal.
L	<u></u>	<del></del>	ㅗ	<del></del>	An				QUANTITY	FFD	4	
INVENTORY	NO.	UŅIT	H	M	1	DE	SCRIPTION	ORDERED	SHIPPED	BACK ORD.	1	
3007IL		СИ	X			RETHY	LENE. G III. RQ=160 LB	3			4	55 Gal. Steel
				SARA	III.	SEC GAL	313 REPORTABLE Can)					
<u> </u>		EA		INCI	.ude (	ONE MS	DS FOR ABOVE ITEM	* L	1			
<b></b> 		GL.	ļ	LAII	LAW I	FORMUL	A Z (GAL)	(3)	:	<b>?</b>	5	55 Gal. Plastic
		cs				RRIAGE ) GOLD	TRADE 1364 500/	l	,	-		
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459		GL					OL (GAL)	(2)		:	6	OTHER
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PROK UP EMPTY CONTAINERS (YVH)

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED. MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE.

X Alfrica ly

LOAD BY:

SAFETY-KLEEN CORP.
LAND DISPOSAL RESTRICTION NOTICE K54214-R5732 01/19/98 PAGE: LOCATION: 503401 17: 02: 17 TO: SAFETY-KLEEN CORP. EPA ID NO. ILD000805911a 1500 VILLA STREET (DESIGNATED FACILITY) IL 60120 UNDER MANIFEST/SALES SERVICE NUMBER THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268. 7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT. WASTE NAME: WASTE CODE(S): 906 PERCHLORDETHYLENE PERC FILTERS FOO2 SKDOT# · 0000973 FOOZ DO39 NCNWASTEWATERS TREATMENT STANDARD CONCENTRATION (TOTAL MG/L FOR WW. TOTAL MG/RG NWW UNLESS NOTED AS "TOLP" ) F001, F002, F003, F004 AN F005 SPENT SOLVENT WASTES AND/OR REGULATED HAZARDOUS CONSTITUENTS HALDGENATED ORGANIC COMPOUNDS TETRACHLORDETHYLENE \*\* 1000 MG/L INCINA 6. 0 5. 6 TETRACHLORGETHYLENE \*\*\* WASTE DESCRIPTION AND TREATMENT STANDARD (\*)
CONCENTRATION OR WASTE TREATMENT/REGULATORY SUBCATEGORY OR CODE REGULATED HAZARDOUS CONSTITUENT TECHNOLOGY CODE TETRACHLORDETHYLENE 6.0 MG/KG \*\*\* PERCHLORDETHYLENE - DRY CLEAN F002 D007 D008 D039 WASTE NAME: WASTE CODE(S): 737 SKDOT#: 0000942 DO40 TREATABILITY GROUP: NONWASTEWATERS CALIFORNIA LIST PROHIBITED WASTES PROHIBITED LEVEL AND TREATMENT STANDARD HALOGENATED ORGANIC COMPOUNDS TETRACHLORDETHYLENE \*\* TETRACHLORDETHYLENE \*\*\* 1000 MG/L 6. Ö 5. 6 F001, F002, F003, F004 AND/OR F005 SPENT SGLVENT WASTES REGULATED HAZARDOUS CONSTITUENTS TREATMENT STANDARD CONCENTRATION (TOTAL MG/L FOR WW, TOTAL MG/KG FOR NWW-UNLESS NOTED AS "TOLP") HALDGENATED CRGANIC COMPOUNDS TETRACHLOROETHYLENE \*\* 1000 MG/L INCIN\* 6. Q TETRACHLOROETHYLENE WASTE DESCRIPTION AND TREATMENT/REGULATORY SUBCATEGORY OR REGULATED HAZARDOUS CONSTITUENT TREATMENT STANDARD (\*)
CONCENTRATION OR
TECHNOLOGY CODE WASTE JODE 0007 0009 1039 CHROMIUM (CR) LEAD (AB) TETRACHLORDETHYLENE 5. 0 5. 0 MG/L TCLP MG/L EP DR TCLP MG/KG \*\*\*\* TRICHLOROETHYLENE MG/KG #### 6.0

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE). \* THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

\*\* NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

\*\*\* TREATMENT STANDARDS APPLICABLE IN CERTAIN, HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.

\*\*\*\* NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

\*\*\*\* NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

\*\*\*\* SENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL. NOTICE:

GENERATOR NAME: MAPLE PLAZA CLEANERS

EPA ID: ILD984832626

**590:82 SW: 980**5 SOLEGO: CUST 5-034-51-1236 TERR: 04 REF#:



## DRY CLEANING EXCLUSIVE SERVICE AGREEMENT

AGREEMENT #055 MAPLE PLAZA	CHAIN CODE #539
ONE HOUR CLEANERS	AUGUST 7 1997
Customer Name (AAD Acquisition Only)  ZZLOS MAPUE AVE	Date of Agreement ,
Sustomer Address 100 WN ERS GLOVE 11 (00515	Date Service Commences January 31, 2000
City, State, Zip 630 - 852 - 7670	Expiration Date of Agreement $ \begin{array}{ccccccccccccccccccccccccccccccccccc$
Customer Telephone Number 5-034-51-1236	Safety-Kleen Branch Telephone No.
Safety-Kleen Customer Number	Safety-Kleen Document Number

Safety-Kleen agrees to provide hazardous waste pickup and proper disposal of dry cleaning filter powder, still bottoms and spent filters on a 4, 8, or 12-week service interval pursuant to the terms and conditions of Safety-Kleen's Dry Cleaner Sign-Up/Placement Form which was executed by Customer and Safety-Kleen and is incorporated herein by this reference, and the conditions set forth below. Customer agrees to only use Safety-Kleen to provide pick-up and/or disposal services for the dry cleaning hazardous wastes Customer generates, including still bottoms, spent filters and filter powder for the term of this Agreement.

	Date Service Commences			-
<b>Description</b>	through 1/31/98	2/1/98 - 1/31/99	2/1/99 - 1/31/2000	Unit of Measure
Separator Water	\$69.00	\$83.00	\$87.00	per 16-gailon drum
Perc Water	<b>\$</b> 69.00	\$83.00	\$87.00	per 16-gallon drum
Perc Cartridges	\$69.00	. \$83.00	\$87.00	per 16-gallon drum
Freon Waste	\$69.00	\$83.00	\$87.00	per 16-gallon drum
Petro Waste	\$69.00	\$83.00	\$87.00	per 16-gailon drum
Petro Cartridges	<b>\$69</b> .00	\$83.00	\$87.00	per 16-gallon drum
1,1,1, Waste	\$69.00	\$83.00	\$87.00	per 16-gallon drum
1,1,1, Cartridges	\$69.00	\$83.00	\$87.00	per 16-gallon drum
Standard Cartridge	\$69.00	\$83.00	\$87.00	per split 30-gal.drum

The term of this Agreement shall be from the date service commences until the expiration date, both of which dates are written above. The Service Prices set forth above shall be guaranteed for the term of this Agreement.

Payments hereunder will be made to Safety-Kleen in accordance with Safety-Kleen's invoice to Customer. Failure by Customer to pay when due any amounts invoiced hereunder and a continuation of that failure for ten (10) days will constitute a default under this Agreement. Upon a default, Safety-Kleen has the right to exercise one or more of the following remedies: (a) to declare the entire remaining service fees unpaid under this Agreement to be immediately due and payable, without notice or demand to Customer, (b) to terminate this Agreement and take possession of all Safety-Kleen-owned drums or pails, wherever those drums or pails are located, without notice or demand to Customer and without a court order or other legal process; or (c) pursue any other remedy available at law or equity. Customer authorizes Safety-Kleen to enter premises of Customer for such purposes.

CUSTOMER	SAFETY-KLEEN CORP.
Maste Blog. Stores	By: Kand E. Naw.
Print Customer's Name	Safety-Kleen Representative's Signature
Ву:	RAYMOND E. DAIGLE
Customer Representative's Signature	Print Safety-Kleen Representative's Name
Print Name and Title of Customer Representative	Safety-Kleen Employee Number and Branch No.

<b>32</b>  2	<b>iq-kiesa, sorp</b> .		
TO:	SAFETY-KLEEN CORP.	EPA ID NO.	ILD000805911
•	OESIGNATED FACILITY	<del></del>	IDESIGNATED FACILITY

ADDRESS: 1500 VILLA STREET

**ELGIN, IL 60120** 

8121660 Under manifest/sales service number , the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy, of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

	WASTE NAME (FOR NON-WASTE WATER)	WASTE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/kg) OR
ŀ	Waste Paint	F003	Acetone RESTRICTED CONSTITUENTS	METHOD (unfess otherwise noted)  160 (non-waste water)
<b>∭</b> ∟	Gun Cleaner	F003	Methyl Isobutyl Ketone	33 (non-waste water)
		F003	Xylene	
	SKD0T 10077	F003	Methanol	30 (non-waste water) **
				.75 (non-waste water)
		F005	Methyl Ethyl Ketone	36 (non-waste water)
		F005	Toluene	10 (non-waste water) **
		0001	Ignitable Liquid (High TOC Subcategory)	Combustion (CMBST) or recovery (RORGS) (40CFR 268.42)(non-waste water)
		0008	Lead (TOC Subcategory)	5.0 (mg/t, non-waste water)
P		D018	Benzene	10 (non-waste water)
LEASE		0022	Chloroform	6.0 (non-waste water)
E		0028	1,2 - Dichloroethane	6.0 (non-waste water)
		0035		
e			Methyl Ethyl Ketone	36 (non-waste water)
		0039	Tetrachioroethylene	6.0 (non-waste water)
		D040	Trichloroethylene	6.0 (non-waste water)
CZECK +I	Waste Paint	F003	Acetone	160 (non-waste water)
H -	Related Material	F003	Methyl Isobutyl Ketone	33 (non-waste water)
E	SKDOT 10078	F003	Xylene	30 (non-waste water) **
	311507 10070	F003	Methanol	.75 (non-waste water)
		F005	Methyl Ethyl Ketone	36 (non-waste-water)
		F005	Toluene	10 (non-waste water) **
		0001		
	•		Ignitable Liquid (High TOC Subcategory)	CMBSTorRORGS(40CFR 268.42)(non-waste water)
		0007	Chromium	5.0 (mg/l, non-waste water)
#		0008	Lead (TOC Subcategory)	5.0 (mg/l, non-waste water)
•	•	0018	Benzene	10 (non-waste water)
		0035	Methyl Ethyl Ketone	36 (non-waste water)
		0039	Tetrachloroethylene	6.0 (non-waste water)
		0040	Trichloroethylene	6.0 (non-waste water)
F.				
ARPROPRIATU	Waste Paint   Booth Filters	D007	Chromium This hazardous debris is subject to the alternative treatment standards of 40CFR 268.45.	5.0 (mg/l, non-waste water)
R	Waste Petroleum Naphtha	0001	Ignitable Liquid (High TOC Subcategory)	CMBSTorRORGS(40CFR 268.42)(non-waste water:
1	(Dry Cleaning)	0039	Tetrachloroethylene	6.0 (non-waste water)
Î I	Waste Perchloroethylene	F002	Tetrachloroethylene	6.0 (non-waste water) **
E		D007	Chromium	5.0 (mg/l, non-waste water)
1		0008	Lead (TOC Subcategory)	5.0 (mg/l, non-waste water)
		0039	Tetrachioroethylene	6.0 (non-waste water)
B C X		0040	Trichloroethylene	6.0 (non-waste water)
	Waste Perc. Filters	F002	Tetrachloroethylene This hazardous debris is subject	6.0 (non-waste water) **
127	1aste reter rinters	D039	Tetrachioroethylene to the alternative treatment	6.0 (non-waste water)
2/		0033		
		1. 1	standards of 40CFR 268.45.	Paragraphy (Magaage 1 1 2 2 2)
	Waste Photo Services	0011	Silver	5.0 (rewater)
		<b></b> _		
	Separator Water	F002	Tetrachioroethylene	.056 (mg/l, waste water)
	1 22km 2/21	0039	Tetrachioroethylene	.056 (mg/l, waste water)
	Waste Sterilant - Hot	0001	Ignitable Liquid (High TOC Subcategory)	CMBSTorRORGS(40CFR 268.42)(non-waste water:
		D035	Methyl Ethyl Ketone	36 (non-waste water)
	Waste Trichlorotrifluoroethane	F002	Trichlorotrifluoroethane	30 (non-waste water)
<u> </u>		5002	111 Taiablassabasa	S.O. (page-water)
	Waste 1,1,1 Trichloroethane	F002	1,1,1 Trichloroethane	6.0 (non-waste water)

The constituent composition is based on knowledge of the waste ivia Material Safety Data Sheets for the chemicalist used, and the process which created the wastel.

These treatment standards do not practicular reclamation prior to final disposition.

Prior to 12/19/94, the federal freatment standards for these constituents were: Xviene = 28 mg/l; Toluene = 28 mg/l; Tetrachloroethylene = 5.6 mg/l.

These standards may still apply in some states.

\_MC NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

5-034-51-1236 04

758343 1997-46

This was a second managed the above wante through the convenies and fuel organisms in accordance with all applicable elements of the land discossily restricts

17 1597 ILD984832626

MAPLE PLAZA CLEANERS